USAID
FROM THE AMERICAN PEOPLE

Health Sector Results Reporting

From Annual Reports FY 2005

MAY 2005

Cover Photo: Barry Came/WFP

Health Sector Results Reporting

From Annual Reports FY 2005

Bureau for Africa
Office of Sustainable Development (AFR/SD)
U.S. Agency for International Development (USAID)

This document includes narrative, tables, and charts that summarize the Fiscal Year (FY) 2005 Annual Reports submitted by USAID's Africa missions in March 2005.

MAY 2005

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Acronyms and Abbreviations

ABC	Abstinence, Being faithful, consistent and correct use of Condoms when appropriate
ACT	Artemisinin-based combination therapy
AED	Academy for Educational Development
AFP	Acute flaccid paralysis
AFR/SD	Bureau for Africa/Office of Sustainable Development (USAID)
AIDS	Acquired immunodeficiency syndrome
ANC	Antenatal care
ANECCA	African Network for the Care of Children Affected by AIDS
AR	Annual report
ART	Antiretroviral therapy
ARV	Antiretroviral
BASICS	Basic Support for Institutionalizing Child Survival
BCC	Behavior change communications
CBD	Community-based distribution
CBO	Community-based organization
CDC	Centers for Disease Control and Prevention (U.S. Public Health Service)
CERPOD	Centre d'Etudes et de Recherche sur la Population pour le Développement
CORE	Communities Responding to the HIV/AIDS Epidemic
CPR	Contraceptive prevalence rate
CRS	Catholic Relief Services
CS	Child survival
CY	Calendar year
CYP	Couple-year(s) of protection
DCOF	Displaced Children and Orphans Fund
DfID	Department for International Development (U.K.)
DG	Democracy and governance
DHS	Demographic and Health Survey
DOMC	Division of Malaria Control (Kenya)
DOTS	Directly observed treatment, short course (TB)
DPT3	Diphtheria, pertussis, and tetanus vaccine (third dose)
DR Congo, DRC	Democratic Republic of the Congo
ECOWAS	Economic Community of West African States
EGPAF	Elizabeth Glaser Pediatric AIDS Foundation
ENDA-GRAF	Environmental and Development Action, Research, Action and Training Group
EPI	Expanded Program on Immunization
FANTA	Food and Nutrition Technical Assistance
FBO	Faith-based organization
FFP	Food for Peace
FGC	Female genital cutting
FHI	Family Health International
FP	Family planning
FY	Fiscal year
GAC	Ghana AIDS Commission
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
GTZ	German Technical Cooperation

HEART	Helping Each Other Act Responsibly Together (Zambia)
HIV	Human immunodeficiency virus
HPCA	Hospice and Palliative Care Association (South Africa)
HPN	Health, population, and nutrition
ICH	Improved Community Health (Liberia)
IEC	Information, education, and communication
IMCI	Integrated Management of Childhood Illness
IMR	Infant mortality rate
IR	Intermediate result
IPT	Intermittent preventive treatment
ITN	Insecticide-treated net
IUD	Intrauterine device
JHU	Johns Hopkins University
M&E	Monitoring and evaluation
MAC	Malaria Action Coalition
MAQ	Maximizing Access and Quality of Care
MCH	Maternal and child health
MMR	Maternal mortality ratio
MOE	Ministry of Education
MOH	Ministry of health
MOHCW	Ministry of Health and Child Welfare (Zimbabwe)
MOHFP	Ministry of Health and Family Planning (Madagascar)
MP	Member of Parliament
NGO	Nongovernmental organization
NHA	National health account
NID	National immunization day
OFDA	Office of Foreign Disaster Assistance (USAID)
ORS	Oral rehydration salts; oral rehydration solution
OVC	Orphans and vulnerable children
PAC	Post-abortion care
PBP	Promising and best practice
PEPFAR	President's Emergency Plan for AIDS Relief
PHC	Primary health care
PIASCY	Presidential Initiative on AIDS Strategy for Communication to Youth (Uganda)
P.L.	Public law
PMTCT	Prevention of mother-to-child HIV transmission
PSI	Population Services International
QA	Quality assurance
RBM	Roll Back Malaria
RCSA	Regional Center for Southern Africa
REDSO/ESA	Regional Economic Development Services Office for East and Southern Africa
RH	Reproductive health
RHAP	Regional HIV/AIDS Program, Southern Africa
SACN	South African Cities Network
SNNP	Southern Nations, Nationalities, and Peoples (Ethiopia)
SO	Strategic objective
STD	Sexually transmitted disease
STI	Sexually transmitted infection
TB	Tuberculosis

TBA	Traditional birth attendant
TFR	Total fertility rate
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USG	U.S. Government
VCT	Voluntary counseling and testing
WAHO	West African Health Organization
WARP	West African Regional Program
WASH	Water, Sanitation and Hygiene Initiative (Madagascar)
WFP	World Food Program
WHO	World Health Organization
WHO/AFRO	World Health Organization Africa Regional Office

Overall Trends in Health

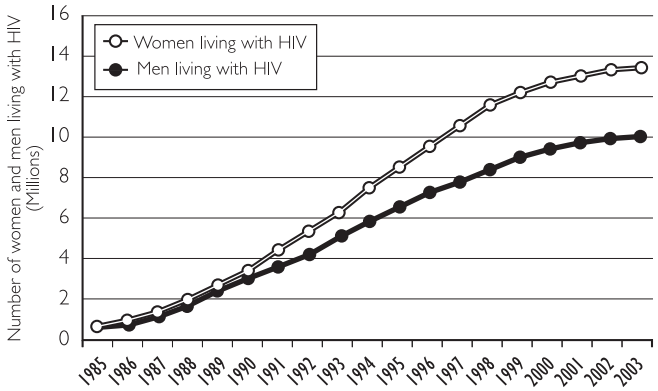
A healthier population is critical to Africa's efforts to reduce poverty and improve overall quality of life. During the past decade, however, previous health gains in many African countries have been undermined by increasing poverty, conflict, and the rapid spread of HIV/AIDS and other infectious diseases such as TB, malaria, meningitis, and cholera. The disease burden in Africa remains the highest in the world, and life expectancy is in decline. This is especially true in many of the countries most affected by HIV/AIDS, where life expectancy stands at less than 50 years. Besides killing people directly, AIDS raises mortality by depriving them and their families of food, income, and other resources. AIDS also drove the 95% increase in TB rates witnessed between 1995 and 2000. Malaria is another major concern - more than 90% of the world's 300 million to 600 million yearly malaria cases occur in Africa. This disease causes more than 2.3 million deaths a year, and most victims are young children. While under-5 mortality rates continue to decline, the rate of decrease slowed over the last decade, again because of AIDS. Malnutrition in children also increased in many countries, due largely to conflict and natural disasters.

HIV/AIDS

Since HIV/AIDS was first identified more than 20 years ago, approximately 84% of all AIDS deaths worldwide have occurred in sub-Saharan Africa, and the pandemic continues to ravage the continent. Africa accounts for almost two-thirds of current HIV/AIDS cases, and approximately 3.1 million of 4.9 million new infections in 2004 occurred in Africa. (figure 1) Similarly, Africa accounts for 90% of deaths in children under 15 years of age. The continent is also home to 95% of all children orphaned by AIDS - and Africa's orphan crisis has just started to unfold. The number of children orphaned by AIDS is expected to jump from 12 million to 18 million by 2010, as infection rates are still rising and adults continue to succumb to the disease. Mortality is increasing in all heavily infected countries in the region and will continue to do so through 2020. Average life expectancy will continue to decline over the next decade, falling below 35 years in several high-prevalence countries, further straining household incomes and significantly affecting prospects for economic growth. Nine

Figure 1

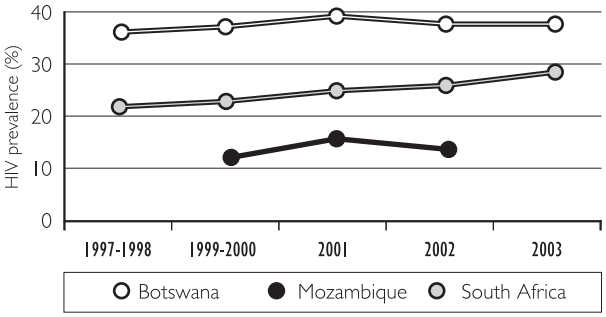
Number of women and men living with HIV in sub-Saharan Africa 1985-2004



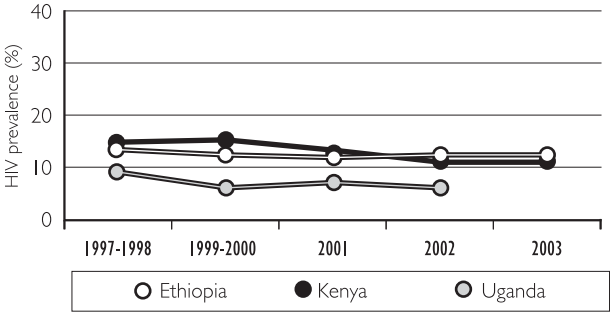
Source: UNAIDS. 2004. *AIDS Epidemic Update 2004. Geneva:* UNAIDS.

Figure 2

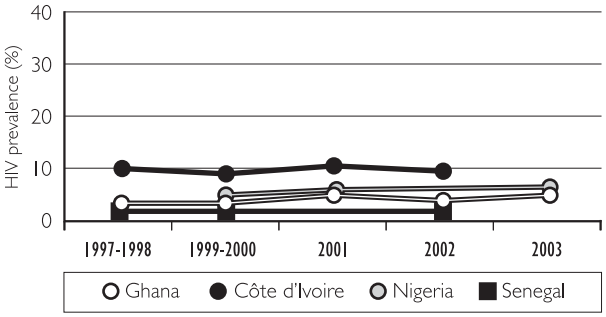
Median HIV prevalence in pregnant women attending antenatal clinics in sub-Saharan Africa, 1997/98-2003



East Africa



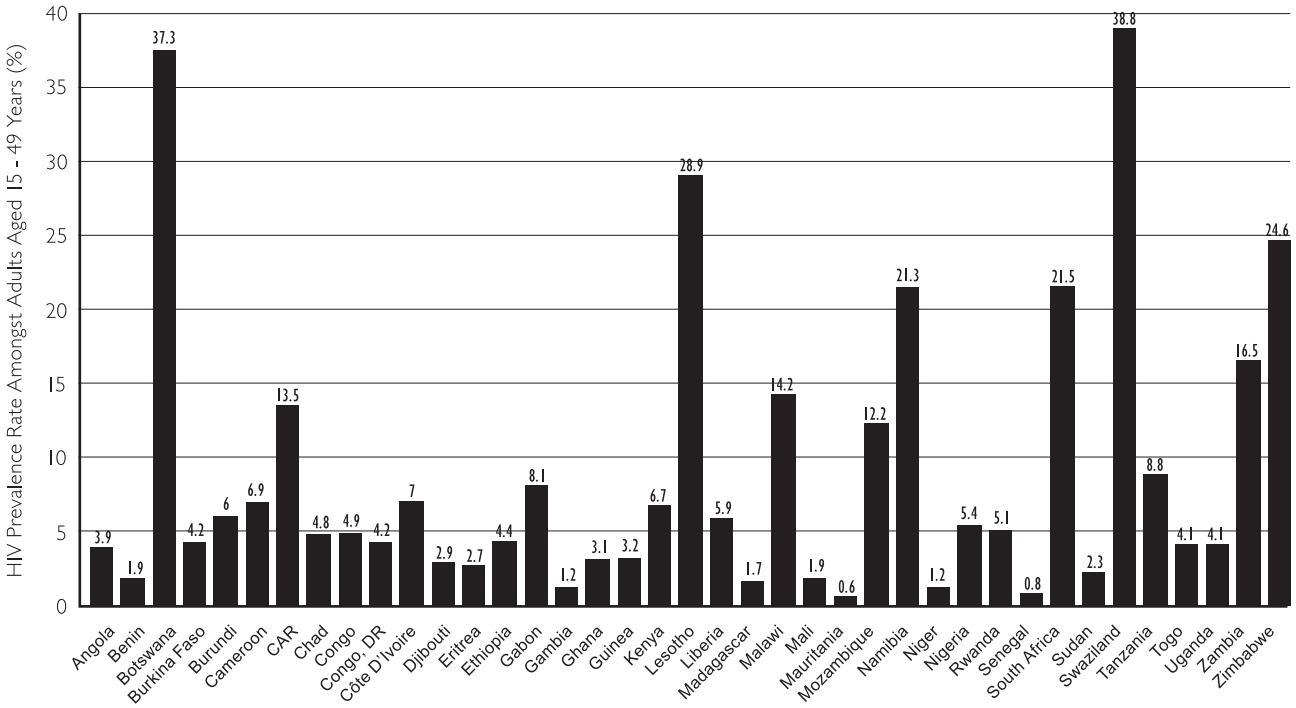
West Africa



Source: Adapted from Asamoah-Odei et al., (2004). Data from consistently reporting antenatal clinics.

Figure 3

HIV Prevalence Among Adult Population (15-49 years of age) in Sub-Saharan Africa, 2003



Data Source: UNAIDS/WHO 2004 Report on the Global AIDS Epidemic

African countries (Botswana, Central African Republic, Lesotho, Malawi, Mozambique, Rwanda, Swaziland, Zambia, and Zimbabwe) already have a life expectancy below 40 years.

East, West, and Southern Africa have markedly different rates of HIV/AIDS infection. (figure 2,3) Southern Africa continues to be the most seriously affected, despite earlier hopeful signs that prevention and treatment measures had begun to slow the spread of the disease. In that region, HIV prevalence rates have increased dramatically. Swaziland and Botswana have been hardest hit, with prevalence rates of about 39% and 37%, respectively. Four countries (Lesotho, Zimbabwe, South Africa, and Namibia) have prevalence rates of 20% or greater, while three countries (Malawi, Mozambique, and Zambia) are approaching that level.

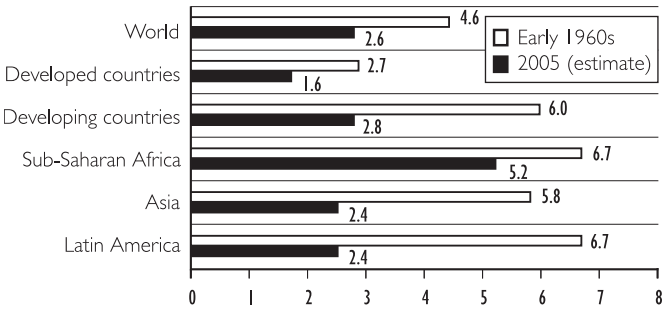
By contrast, in parts of East and Central Africa - Uganda is a well-known example - there are signs of real decline in infection rates. Declines have also been recorded at subnational levels, notably in Addis Ababa, Ethiopia, and in several Kenyan sites, including Nairobi. Finally, most West and Central African countries (with the exception of Central African Republic, where national seroprevalence rates top 10%) have much lower rates than their neighbors in East and Southern Africa.

Reproductive Health

With the highest growth rate in the world of 2.2% a year (despite the effect of the HIV/AIDS crisis), sub-Saharan Africa's population of 728 million will swell to more than 1 billion by 2025. This will place its resources, public services, and social fabric under enormous stress and compromise per capita income growth. Though the majority of women say they desire fewer children, contraceptive prevalence rates remain under 20% in all but five countries and above 50%

Figure 4

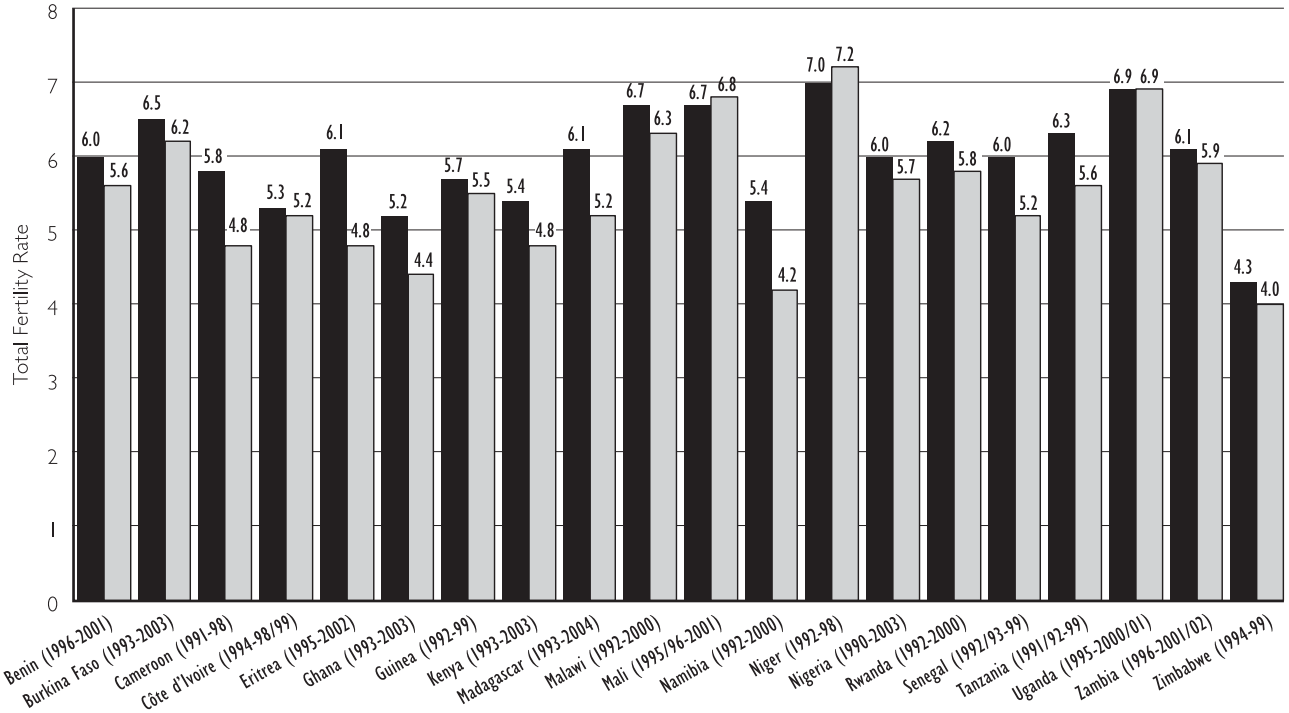
Regional Changes in Number of Children per Woman



Source: U.S. Census Bureau International Database.

Figure 5

Total Fertility Rates in Selected African Countries With Two Demographic and Health Surveys: 1990-2004



Source: Demographic and Health Surveys of indicated years. Earliest DHS and latest DHS figures for each country.

only in South Africa and Zimbabwe. Total fertility rates (TFRs) in Africa have generally declined in the past decade, but they lag behind the TFRs of other regions and the pattern of decline varies greatly (figure 4).

In a number of countries, including Cameroon, Eritrea, Madagascar, and Namibia, TFRs declined rapidly, with significant drops of one or more children per woman between two Demographic and Health Surveys (DHS). Some countries

Figure 6

Maternal Mortality Ratio in Sub-Saharan Africa, 2000

Country	Rate	Country	Rate
Angola	1,700	Lesotho	550
Benin	850	Liberia	760
Botswana	100	Madagascar	550
Burkina Faso	1,000	Malawi	1,800
Burundi	1,000	Mali	1,200
Cameroon	730	Mauritania	1,000
Cape Verde	150	Mozambique	1,000
CAR	1,100	Namibia	300
Chad	1,100	Niger	1,600
Comoros	480	Nigeria	800
Congo	510	Rwanda	1,400
Congo, DR	990	Senegal	690
Côte d'Ivoire	690	Sierra Leone	2,000
Djibouti	730	Somalia	1,100
Equatorial Guinea	880	South Africa	230
Eritrea	630	Sudan	590
Ethiopia	850	Swaziland	370
Gabon	420	Tanzania	1,500
Gambia	540	Togo	570
Ghana	540	Uganda	880
Guinea	740	Zambia	750
Guinea Bissau	1,100	Zimbabwe	1,100
Kenya	1,000		

** Estimates for Maternal Mortality for 2000 by Hill, et al. 2004*
Maternal deaths per 100,000 live births

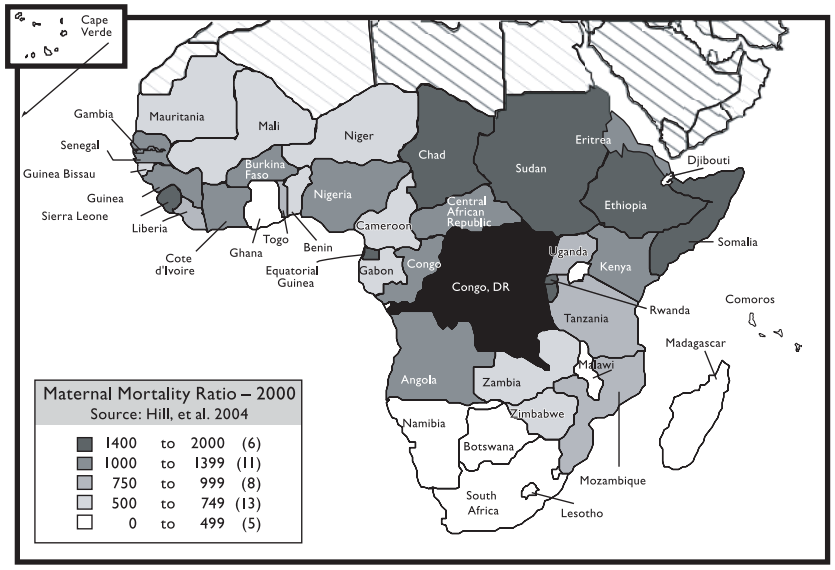
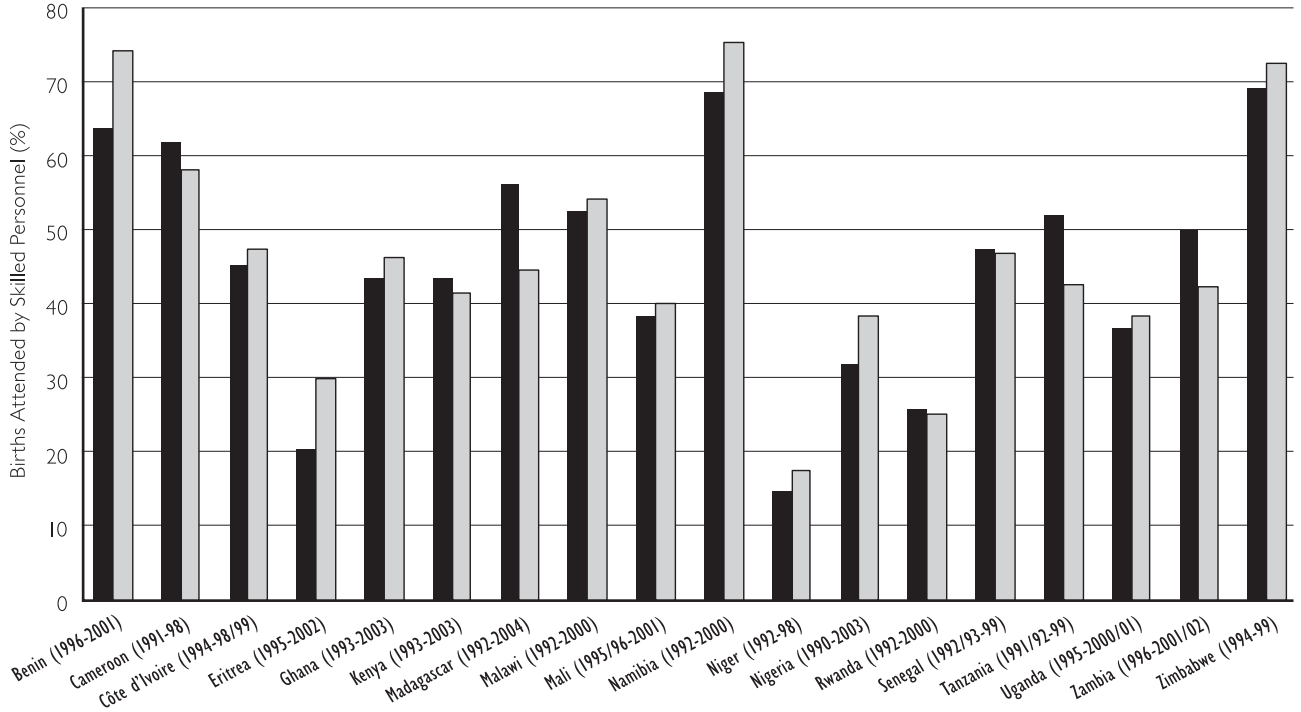


Figure 7

Skilled Attendance at Birth in Selected African Countries With Two Demographic and Health Surveys: 1990-2004

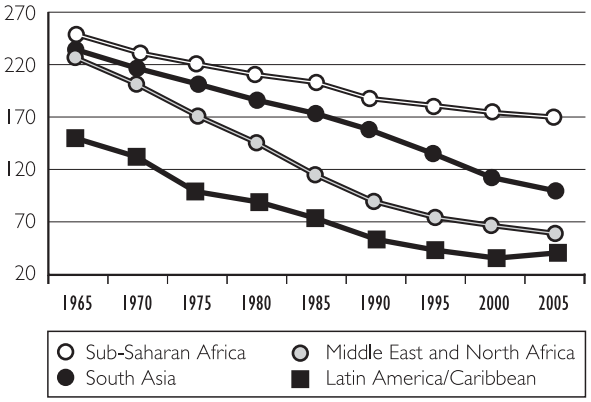


Source: Demographic and Health Surveys of indicated years. Earliest DHS and latest DHS figures for each country.

(such as Benin, Malawi, Nigeria, Rwanda, Tanzania, and Zimbabwe) experienced slower fertility declines, while in others (Burkina Faso, Côte d'Ivoire, Guinea, Mali, Niger, Uganda, and Zambia) fertility rates remained relatively unchanged. Nonetheless, these observations lead demographers to hypothesize that the region in general is undergoing fertility transition, even though the TFRs in the countries shown remain very high at an average of more than five children per woman. (figure 5)

Figure 8

Slowing in Reduction of Under-5 Mortality Rates



Maternal and Child Health

Measuring maternal mortality patterns in Africa is difficult because only a few countries have the vital statistics registration systems needed to monitor such trends. However, it is clear that maternal mortality ratios remain unacceptably high in countries where more than 500 women per 100,000 live births die of avoidable pregnancy-related complications (figure 6). Only five countries - Botswana, Gabon, Namibia, South Africa, and Swaziland - have maternal mortality ratios (MMRs) under 500 deaths per 100,000 live births. Seventeen countries have MMRs of 1,000 or more, including Sierra Leone, which has the highest ratio of 2,000 maternal deaths per 100,000 live births. In 21 African countries, the MMR is between 500 and 1,000. At the present rate, it would take sub-Saharan Africa 150 years to achieve the Millennium Development Goal of reducing its 1990 MMR by three-quarters (the present target year is 2015).

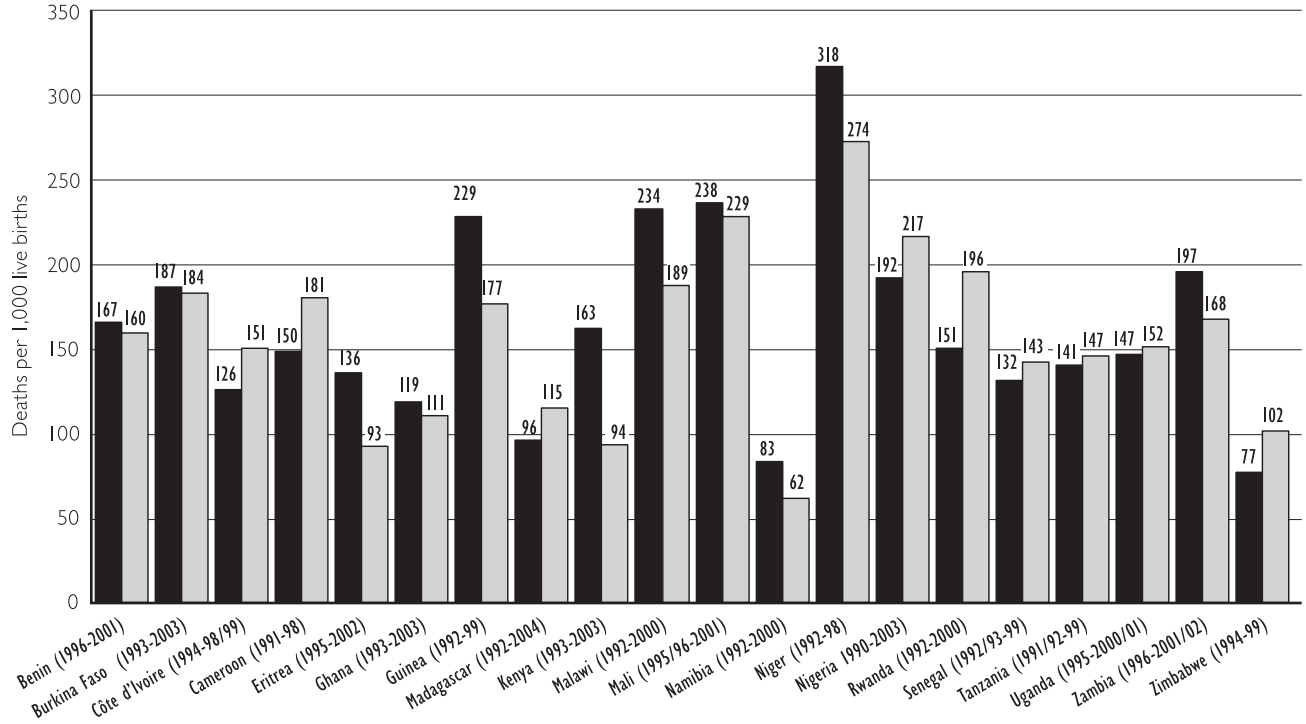
Similarly, while the under-5 mortality rate trend in Africa as a whole has been favorable since the 1960s, under-5 deaths there more than doubled from 2.3 million to 4.7 million between 1960 and 2003. This contrasts with the 67% drop in this indicator outside Africa, where the number of under-5 deaths fell from 18.1 million to 5.9 million annually (see figure 8). Most sub-Saharan African countries still have under-5 mortality rates higher than 100 deaths per 1,000 live births.

Forty-four percent of the world's under-5 deaths occur in sub-Saharan Africa.

Moreover, a comparison of child mortality rates for 20 African countries surveyed twice between 1990 and 2002 paints a disturbing picture. (figure 9) While under-5 mortality continued to decline in about half the countries studied, under-5 mortality rates in countries such as Benin, Burkina Faso, Mali, and Uganda remained stagnant. Some countries, including Cameroon, Côte d'Ivoire, Kenya, Nigeria, Rwanda, Senegal, and Zimbabwe, actually lost ground - most of these countries experienced increases of 10 or more under-5 deaths per 1,000 live births between the two surveys. These results appear to reflect a leveling off or reversal of some of the progress made in recent decades. The United Nations Children's Fund (UNICEF) reports that in 18 countries in sub-Saharan Africa, under-5 mortality has remained the same or worsened since 1990.

Figure 9

Under-5 Mortality Rates in Selected African Countries With Two Demographic and Health Surveys: 1990-2004



Note: Mortality rates given are for the five-year period prior to the survey. Earliest DHS and latest DHS figures for each country.
Source: Demographic and Health Surveys of indicated years.

USAID Response and Activities in Health

1. Reduce transmission and impact of HIV/AIDS

In the area of HIV/AIDS, USAID focuses on primary prevention and expanding coverage of services. USAID's balanced approach to prevention includes the "ABCs" of Abstinence, Being faithful, and consistent and correct Condom use when appropriate; prevention of mother-to-child HIV transmission (PMTCT); treatment of sexually transmitted infections (STIs) that increase the chance of HIV infection; and voluntary counseling and testing (VCT). USAID has supported PMTCT programs in Africa since 1999. Within 5 years it expects to reach 1 million women annually and to reduce mother-to-child transmission (MTCT) by 40% in USAID target countries by improving care and treatment and building health care delivery capacity.

USAID also provides critical care and treatment services to communities affected by HIV/AIDS through innovative programs; partnerships with the private sector, community-based organizations (CBOs), and faith-based organizations (FBOs); and research to determine the best approaches for bringing these services to scale. USAID's care and treatment activities include introducing antiretroviral therapy (ART), home-based care, prevention and treatment of TB and other opportunistic infections, support for children affected by AIDS, nutrition and food aid, psychosocial and palliative care, and microfinance.

USAID programs are working to create an environment in which persons living with and affected by HIV/AIDS are empowered to become involved as educators, community mobilizers, and active participants in the fight against HIV/AIDS in their communities.

The following HIV/AIDS results were reported in Africa FY 2005 Annual Reports:

Prevention, Treatment, Care and Support

USAID promotes the balanced "ABC" approach to prevention of Abstinence, Being faithful, and, as appropriate, correct and consistent use of Condoms. Condom-related activities reported below are part of the broader ABC approach in each country and are targeted to persons engaging in high-risk behavior.

Angola
- VCT was up almost 50% from last year.
- In a "mystery client" survey, 93% of VCT clients reported that staff fully explained VCT issues and that the counselors were knowledgeable, supportive, and nonjudgmental.
- 36,680 communication activities, including theater, small group talks, and musical events, reached 452,238 high-risk beneficiaries.
- A weekly radio program targeting youth began in May 2004.
- A fifth youth center opened in a major provincial capital.
- A new compendium of information, education, and communication (IEC) material was developed.
- The Ministry of Health (MOH) approved the launch of a new multimedia Trusted Partner campaign that highlights that anyone can catch HIV/AIDS.
- USAID supported an additional 3 VCT centers in areas outside Luanda (the capital) with large high-risk populations.
- An ad campaign was produced and aired to mitigate a perceived problem with the brand of socially marketed condoms that had led to a dramatic decrease in sales. In the last quarter of FY 2004, USAID saw the highest quarterly sales since the product was introduced in 2001.

Benin
- The percentage of target groups able to identify at least 2 STI/HIV/AIDS prevention methods increased from 7% in FY 2003 to 93% in FY 2004.
- Condom sales exceeded FY 2004 targets by 14%.

Burundi
- USAID provided psychological and medical support to 200 orphans and vulnerable children affected by AIDS; vocational training to 40 orphans; and educational support to 2,500 children.
- USAID continued to provide the population with access to affordable quality condoms. The number of sales points increased and 173,5824 condoms were sold in FY 2004.

Democratic Republic of the Congo (DR Congo)
- A total of 26,927,527 social marketed condoms were sold in 2004, nearly meeting the target of 27 million.
- Six VCT sites in 3 cities (Kinshasa, Matadi, and Mbuji-Mayi) worked with 16,194 clients.
- In 2004, 2 different rapid diagnosis HIV tests were introduced at VCT sites, whereupon the percentage of people

returning for their test results increased significantly from 68.2% to 88.7%.
- USAID's care and support program added 2,677 new beneficiaries, bringing the cumulative total to 8,042, including 2,159 people living with HIV/AIDS, 5,508 orphans and vulnerable children, and 375 other people affected by HIV/AIDS in 2,569 families.

Eritrea
- Nine additional freestanding VCT centers opened in 2004, bringing the number of facilities providing VCT services nationwide to over 40.
- The number of VCT clients increased to 32,292 in 2004 from 24,501 in 2003, exceeding the target of 13,000.

Ghana
- The World Bank approved a Treatment Access Program grant of approximately $15 million. This treatment program was based on the model for private sector treatment pioneered by a joint USAID/Royal Netherlands Embassy program.

Guinea
- In its Upper Guinea intervention zone in FY 2004, USAID used an existing network of 549 peer educators and a new network of 1,132 community-selected health volunteers called "relayers" to carry out behavior change communications (BCC). BCC messages have been broadened to reach men in their roles as fathers who are responsible for the health of their families.
- At the end of FY 2004, USAID funded 9 local nongovernmental organizations (NGOs), including youth groups, men's and women's groups, universities, local FBOs, and an association of people living with HIV to implement BCC activities beginning in FY 2005.
- Due to the large influx of refugees and a highly mobile population, the urban areas of Forest Guinea have the highest seroprevalence rate in the country (7%). USAID provided education sessions to high-risk populations to raise their awareness and to equip them with the skills necessary to adopt safe behaviors. The USAID program reached 11,234 people, 60% over the initial target.
- A knowledge, attitudes, and perceptions survey targeted 1,886 people, including prostitutes, transport workers, and military and paramilitary recruits. Findings from this survey were used to develop and broadcast 39 HIV/AIDS awareness messages; distribute 2,134 audio- and videocassettes to areas where broadcast signals do not reach; and organize 525 live education sessions.
- 420 peer educators and health agents identified, selected, and trained by the implementing partner conducted HIV/AIDS education.

Liberia
- USAID's Displaced Children and Orphans Fund (DCOF) supported training sessions in life skills activities such as HIV/AIDS/STI prevention and control, drug/substance abuse, and teen pregnancy for 40 peer educators.
- USAID provided 85% of the commodities used to support Liberia's reproductive health (RH) program and to fight STI/HIV/AIDS, supplying more than 4 million condoms.

Kenya
- In FY 2004, sales of social marketing condoms targeting people who are already sexually active increased to almost 27 million, more than 35% over FY 2003.
- One-third of all pregnant women in Kenya had received PMTCT services at facilities that had received support from the President's Emergency Plan for AIDS Relief (PEPFAR).
- About 350,000 people received counseling and testing, 45% at USAID-supported sites, and more than 16,000 people with advanced HIV infection received ART with U.S. Government (USG) support.

Madagascar
- USAID's social marketing program sold and distributed 11,357,045 condoms, an increase of 650,000 over last year; this includes more than 1.5 million condoms sold to high-risk groups. These results are attributed to the continuing expansion of the social marketing distribution network and innovative promotion and behavior change activities.
- In collaboration with religious leaders, USAID created and aired the innovative *It's My Choice* radio program promoting abstinence and delayed onset of sexual activity. 21 radio stations and 2 television stations with national reach made 744 broadcasts during FY 2004.
- Top Reseau, the successful franchise network of youth-friendly clinics and outreach activities, was launched in 3 new cities, bringing the number of private clinics to 123 in 5 major cities.
- Top Reseau served more than 20,600 new adolescent clients in 2004, up from 8,000 in 2003.
- USAID and the World Bank jointly supported 2 types of prepackaged STI treatment kits containing appropriate medications, condoms, referral cards, and clear understandable information. In just 5 months, 46,620 ulcerative infections (syphilis and chancroid) were treated, exceeding targets by 100%, and 172,499 patients (40,000 more than projected) received effective treatment for gonorrhea or chlamydia.

Malawi
- In FY 2004, 8.5 million condom units were sold, slightly exceeding targets.
- As USAID's partner, Save the Children Federation-US provided subgrants for HIV/AIDS services in 15 of 28 districts. At 13 sites providing PMTCT services, 1,654 pregnant women were tested; 10% were HIV-positive and 49

were provided access to a complete course of ART for mother and child.
- USAID assistance enabled 3,900 men and women to be treated for STIs and 17,937 women and 36,089 men to receive VCT at 31 new fixed sites and mobile units.
- By the end of FY 2004, the USAID-supported Johns Hopkins University (JHU) Center for Communication Programs had reached 16,000 persons through community mobilization for risk reduction.

Mali
- 23 NGOs conducted BCC activities using the ABC approach, reaching more than 167,000 people and selling more than 6 million male condoms via the social marketing program.
- USAID-supported VCT centers saw 3,235 clients; approximately 11% of whom were HIV-positive.

Mozambique
- 37 PMTCT sites (up from 0 in 2002) provided services, 21 of them initiated by USAID partners. The new sites provided VCT services to more than 19,000 pregnant women and nevirapine to more than 900 women.
- Abstinence and faithfulness programs reached 385,000 people through community-based activities.
- More than 6,600 volunteers provided home-based care to more than 11,800 chronically ill HIV/AIDS patients. Another 10,600 HIV/AIDS patients received psychosocial support through home visits.
- USAID-supported orphan and vulnerable children services reached more than 42,000 children, an increase from just a few dozen children in 2003.
- HIV/AIDS programs reached about 750,000 high-risk individuals directly, and mass media campaigns reached an estimated 5.8 million. Nearly 800 people received training in delivering HIV/AIDS prevention services.
- A social marketing program sold more than 16 million condoms at more than 5,000 commercial outlets.
- A USAID partner expanded clinical services (including counseling, health monitoring, prophylaxis, treatment of opportunistic infections, and ART referral) for 4,400 HIV/AIDS patients.
- USAID partners operated 26 VCT sites, enabling 35,900 persons to learn their HIV status and take steps to protect their health.

Namibia
- Abstinence and prevention messages reached 23,447 youth. Mass media activities, including radio and inserts in a weekly youth newspaper, reached 122,600 youth and young adults with prevention and educational messages.
- The USAID-sponsored Suzie and Shafa radio variety show was completed this year. The recently released evaluation of the show found that 77.8% of the listeners said the program influenced them strongly to protect themselves and 75.6% said it raised their HIV/AIDS knowledge.
- Peer counselors trained according to approved guidelines reached more than 17,000 adults in USAID-supported workplace programs.
- More than 122,000 condoms were distributed, an increase of 10% over last year.
- The Corridors of Hope regional program has reached 40,000 truckers, border officials, and prostitutes in high-risk areas with prevention messages and condom promotion.
- All 5 of Namibia's faith-based government-supported hospitals have initiated PMTCT, and ART is now available in 3 of them. The 3 hospitals have started 221 persons on ART.
- 1,662 pregnant women have received PMTCT services, including pre- and post-test counseling. Of these women, 284 have received a complete course of antiretroviral (ARV) prophylaxis.
- The number of orphans and vulnerable children receiving USAID-supported services (including material support, food aid, home-based care, access to education, and psychosocial counseling) rose from 4,383 in FY 2002 to 6,000 in FY 2003 to more than 27,000 in FY 2004.

Nigeria
- As a result of USAID's effort to bring care and support services closer to people living with HIV/AIDS, 46,207 people with AIDS benefited from USAID-funded community- and home-based palliative care services.
- Together with the U.K. Department for International Development (DfID), USAID supported the distribution of 140 million condoms, an estimated 82% of which were used in high-risk sexual encounters.
- In partnership with the U.S. Centers for Disease Control and Prevention (CDC), USAID strengthened PMTCT services in 51 health facilities. Close to 17,000 pregnant women received PMTCT services, and 137 HIV-positive women received ARV prophylaxis. More than 700 health care providers received training in comprehensive PMTCT services.
- Joint TB/HIV activities were initiated in 3 states and are currently expanding to the Federal Capitol Territory, Lagos, Bauchi, and Anambra.

Rwanda
- With USAID support, 48 clinical facilities began providing a combination of services; 28 sites provided VCT services, 34 sites provided PMTCT services, and 12 sites provided ART services.
- The ART sites treated 4,386 patients, up from fewer than 100 in 2003.
- USAID provided care and support for more than 10,000 people, and more than 23,000 pregnant women received PMTCT services.

Senegal
- With USAID assistance, the Senegalese HIV/AIDS program maintains a low prevalence rate of less than 3%.

- 3,470 community-based peer educators reached more than 191,965 people with prevention messages and condom distribution.
- Four new VCT centers opened in 2004, bringing the total to 9. 6,910 people used VCT services, a 72% increase over 2003.
- The ambulatory treatment center in Dakar provided nutritional and psychosocial support to 1,780 people living with HIV/AIDS.

South Africa

- USAID-funded mobile health teams provided STI diagnosis and treatment, RH services, and minor ailment services to more than 30,000 clients in 32 rural communities.
- An innovative USAID-funded clinic in a high-risk urban area with a population of about 500,000 continued to provide comprehensive RH, STI, and HIV services to a large highly mobile, sexually active population.
- Significant developments included 1) an umbrella grant enabling 6 new partners to implement prevention, treatment, and care programs; 2) the launch of ART programs in the public and NGO sectors, including the procurement of ARV drugs and training of service providers in ART; 3) the promotion of public-private partnerships in HIV prevention and treatment programs (e.g., Mindset and Right-to-Care); and 4) the expansion of HIV care and orphans and vulnerable children programs.
- More than 38,000 pregnant women received comprehensive PMTCT services and nearly 10,000 received ART. With USAID assistance, all 9 provinces are rolling out nutritional guidelines for pregnant and lactating women in the context of HIV. USAID supported improvements in the quality of PMTCT, counseling, and testing services in more than 550 health facilities in 3 provinces.
- USAID supported an HIV/AIDS television drama series that reached more than 2.1 million South Africans with prevention, treatment, and care messages.
- The Men as Partners program trained more than 1,030 people to increase male involvement in HIV/AIDS prevention and decreased domestic and gender-based violence.
- In addition to supporting the South African government's launch of the new branded Choice condom, USAID reached 230,186 people with "abstinence" and "be faithful" (AB) messages.
- USAID established a new agreement with the Hospice and Palliative Care Association (HPCA) of South Africa, which represents a network of more than 50 hospices providing in- and out-patient care to HIV-positive clients. Through HPCA and other partners, USAID provided palliative care services to more than 43,000 HIV-infected South Africans. USAID partners providing care and support activities to orphans and vulnerable children are reaching more than 63,000 children.
- USAID partners are providing ART to 3,471 South Africans through 8 public and NGO health facilities.
- With USAID assistance, VCT at Bambisana Hospital in the Eastern Cape has increased from 40% to 72% in the first 9 months of 2004. VCT coverage of pregnant women has increased from a low of 14% to 25% in the 9 months since the Quality Assurance Program was introduced in the hospital.

Sudan

- Peer educators reached 180,233 clients and distributed 435,018 condoms through fixed sites and health facilities.
- The program managed 3 existing VCT sites and created 2 new ones, serving 1,660 clients. The sites also provided social support to people living with HIV/AIDS through post-test clubs.
- USAID supported clinics offering STI syndromic care, treating 5,095 clients for STIs.

Tanzania

- PMTCT services scaled up through 3 sub-grants to 62 sites serving more than 10,000 women, 350 of whom received nevirapine.
- Nationally, condom use with a nonregular partner reached 49.7% for males and 38.1% for females.
- Condom sales met the target with more than 36 million condoms sold.
- The cumulative total of VCT clients met the target of 150,000 persons tested to date.
- The availability of care and treatment services expanded through the awarding of 17 grants to NGOs and FBOs for home-based care and orphan support. More than 750 volunteers and supervisors received training in home-based care to link patients with treatment facilities.
- Grants to 9 NGOs helped increase activities for youth in 2 regions. The resulting community outreach programs directly reached more than 500,000 youth.

Uganda

- USAID HIV/AIDS programming in 2004 led to an expansion of treatment for HIV/AIDS, primarily through MOH hospitals, from 6 in 2003 to 22 in 2004.
- USAID supports the provision of HIV counseling and testing services countrywide through public and private service sites reaching more than 260,000 people.
- The Presidential Initiative on AIDS Strategy for Communication to Youth (PIASCY), the in-school abstinence promotion and life skills program to prevent the spread of HIV, was operationalized with USAID assistance. PIASCY distributed teacher handbooks in all 15,000 primary schools and trained 45,000 primary-school teachers.
- Condom social marketing sales for high-risk groups (prostitutes, their clients, and military personnel) increased to 27 million, a 200% increase from last year.

Zambia

- In 75 PMTCT service sites directly supported by USAID, 60,367 women received counseling and testing and 12,227

HIV-positive women received a complete course of ARV prophylaxis, up from 6,185 in 2003.
- PMTCT services expanded to 9 new sites in the Eastern Province. 60 health workers received training and 499 clients received services as programs began their service delivery.
- PMTCT brochures and a patient education video were completed. PMTCT information segments were incorporated into print, radio, and television heath education campaigns and into distance education for neighborhood health committees.
- USAID supported the New Start VCT Center in Lusaka and the opening of a second center in Kitwe. 9,200 people received VCT services from New Start during this period.
- USAID strongly supported the scale-up of VCT sites. There are now 250 VCT sites throughout the country (compared to 108 in 2003), and 139,402 clients received services, up from 97,783 in 2003.
- A 24-hour toll free HIV/AIDS talk-line was launched to provide information, counseling, and referrals to help clients access HIV/AIDS prevention, treatment, and care services nationwide. The talk-line receives about 500 calls per day.
- USAID partners assisted with the distribution of 13,302,576 social marketing condoms, exceeding the target of 12,000,000.
- Community outreach and advocacy programs reached at least 300,000 people with health education messages through small grants to local NGOs and FBOs.
- Prevention messages and condoms reached high-risk groups (prostitutes and their clients) and border populations, while 11,200 women (greatly exceeding the target of 6,500) and more than 2,100 men (exceeding the target of 1,250) received STI management services.
- Phase Four of the Helping Each Other Act Responsibly Together (HEART) multimedia youth campaign was launched. An analysis of HEART's impact conducted in 2003 indicated positive impressions among approximately 53% of viewers. Viewers were 1.7 times more likely than non-viewers to report current abstinence and 1.9 times more likely to have used a condom.
- Psychosocial and community support, income-generating activities, and referral systems reached nearly 8,000 people, far exceeding the target of 3,000.
- Workplace programs were strengthened in 211 small businesses within the first 5 months of implementation, ahead of the target of reaching 400 businesses in the first year.
- Support for orphans and vulnerable children was provided in 130 communities, reaching more than 232,300 children, exceeding the target of 200,000. 1,200 primary- and secondary-school-age orphans and vulnerable children received scholarships to enable them to continue with education. 1,336 orphans and vulnerable children participated in special psychosocial support programs.
- 103 "child rights clubs" were established in 7 provinces to help guarantee the rights of children, including freedom from sexual and gender-based violence.
- The SCOPE project provided 17,586 orphans and vulnerable children with insecticide-treated nets to prevent malaria.
- 1,201 parents/guardians received training on how to meet the psychosocial needs of orphans and vulnerable children.
- USAID expanded the "family support unit" model for children living with AIDS to Livingstone General Hospital and the Arthur Davison Children's Hospital in Ndola. 583 children living with HIV/AIDS and 931 parents received psychosocial support, academic support for children in school, counseling for older children, and child development through recreation and play therapy.
- The Corridors of Hope Program (formerly the Cross Border Initiative) expanded to 3 new sites, bringing the number of sites to 10. Using the Corridors of Hope drop-in clinic model, 3 new sites initiated activities and services to prevent STIs and HIV infection among prostitutes and their clients. This activity included BCC, condom distribution and social marketing, and STI management.

Zimbabwe

- Between January and September 2004, 48,873 newly pregnant women visited USAID-supported PMTCT programs. This total was more than twice the target of 20,000 and represented more than half of all women who received PMTCT services. The program supported 76 public health facilities, exceeding the target of 60 and representing 35% of all PMTCT sites in the country. USAID-supported PMTCT procedures and a monitoring and evaluation (M&E) tool have been adopted by the Ministry of Health and Child Welfare (MOHCW) nationwide. Through these services, 2,120 women and their infants received ART.
- VCT service utilization climbed from nearly 95,000 in 2003 to nearly 155,000, exceeding the target of 81,000. The programs expanded with new sites and mobile clinics as well as post-test services.
- More than 173,000 orphans and vulnerable children benefited from education assistance, psychosocial support, income-generation activities, and/or food security initiatives through USAID-supported organizations. This exceeded the target of 150,000. More than half those receiving education assistance were girls.
- The USAID-supported Studio 263 television show is the most widely watched TV program in Zimbabwe. The program targets youth with HIV/RH messages. In addition, a communication program to encourage fidelity was initiated.
- Sales of USAID social marketing condoms rose 40% over 2003 sales to 47.2 million in 2004 (the target was 26 million). Female condom sales rose from 936,000 to more than 1 million.

Regional Economic Development Services Office for East and Southern Africa (REDSO/ESA)

- USAID began to implement the Transport Corridor Initiative as its core program to prevent HIV transmission along major East African transport routes.
- USAID's HIV/AIDS program in southern Sudan reached more than 189,152 persons (half of the population) with prevention activities and provided 1,664 Sudanese with counseling and testing, STI treatment, and home-based care.

Regional HIV/AIDS Program, South Africa (RHAP)

- RHAP expanded VCT into 6 sites in Lesotho and Swaziland.
- In Swaziland, 1,165 pregnant women received counseling, of whom 836 were tested and 224 received antiretroviral prophylaxis. RHAP expansion programs began in June 2004, so these results are for a 3- to 4-month period.
- Corridors of Hope implemented 38 cross-border sites in 8 countries, reaching more than 4 million people with essential information.
- In 11 sites along the Corridor, 18,715 STI cases were treated.

West African Regional Program (WARP)

- AWARE-HIV/AIDS and its partners strengthened existing cross-border prevention programs on international transportation routes, serving vulnerable populations on 11 important routes at 30 sites in 5 countries (Burkina Faso, Cameroon, Côte d'Ivoire, Niger, and Togo).
- AWARE-HIV/AIDS supported projects in VCT (Burkina Faso, Cameroon, Togo); youth BCC (Guinea Bissau, Mauritania, Niger, The Gambia); condom social marketing (Sierra Leone); community-based NGO support for people living with HIV/AIDS, orphans and vulnerable children, and women (Burkina Faso, Côte d'Ivoire, Niger, The Gambia); and income-generating activities (Mauritania). 19 grants were provided, exceeding the target of 10 as multiple grants were awarded in some countries.

Capacity Development

Angola

- Training-of-trainers workshops were conducted on HIV/AIDS education and interpersonal communication methods for local and international NGOs, churches and religious groups, and the Ministry of Education.
- The MOH and CDC conducted a first-ever nationwide HIV/AIDS sentinel surveillance study of pregnant women. It found a nationwide prevalence rate of 2.8%.

Benin

- Health agents in targeted health zones continue to receive training in STI diagnosis, treatment, and case management, resulting in increases between FY 2003 and FY 2004 from 15% to 57% in the percentage of health workers correctly explaining STI case management and HIV prevention; from 49% to 69% in the percentage of health workers properly diagnosing and treating STIs according to national norms; from 12% to 61% in the percentage of health workers providing correct advice to STI patients; and from 9% to 22% in the percentage of health facilities not experiencing stock-outs of STI drugs.

Burundi

- USAID has provided training on care of AIDS patients and technical assistance for the initiation of PMTCT sites; a situation analysis of a youth and HIV/AIDS program; and training modules for VCT services and quality assessments of VCT.
- USAID provided technical assistance for a manual establishing VCT norms and a training manual for counselors, both of which were published in 2004.
- Peer educators are being trained in equal proportions among refugees, prostitutes, and youth. Educational coverage of the country has expanded.

DR Congo

- USAID's partnership with the Global Fund Coordinating Committee is actively pursuing the quick scale-up of Global Fund activities across the country.

Djibouti

- USAID heads the committee for the utilization of the Global Fund in Djibouti.

Ghana

- At the request of the Ghana AIDS Commission (GAC), USAID participated in a national review of Ghana's AIDS response. With USAID technical assistance, the GAC finalized and disseminated the National Monitoring and Evaluation Plan for HIV/AIDS and concluded a lengthy process of developing and adopting a final National HIV/AIDS Policy.

Guinea

- USAID has incorporated HIV/AIDS training into its Education, Natural Resource Management, and Democracy and Governance programs in order to reach teachers, parent-teacher associations, civil society organizations, and farmers.
- National VCT guidelines, a national counseling training guide for trainers and counselors, laboratory technician training modules, and an HIV rapid test training guide were developed and updated to standardize HIV care and treatment and ensure the provision of quality services.
- USAID supported the renovation of 4 public health clinics that will house VCT centers (2 in Conakry and 2 in the Forest Region). Prior to this activity, there were only 4 VCT centers in the entire country.

- 23 counselors in Conakry and the Forest Region received training in HIV and VCT and are now able to provide counseling and HIV testing.
- A USAID implementing partner provided training in HIV/AIDS to Médecins Sans Frontières/Belgium and Aide d'Intégration Mère Enfant staff and training in PMTCT to UNICEF staff to enhance their capacity to train others.

Kenya

- A comprehensive care program jointly funded by USAID and the Japanese embassy opened in Nakuru and 2 satellite centers in Rift Valley Province. The program has improved the capacity of the provincial hospital to provide comprehensive care for people living with HIV/AIDS, to set up a network of smaller facilities for treatment and referral, and to provide ART.
- USAID increased its support to the Kenya Medical Supplies Agency, a parastatal under the Ministry of Health, to strengthen management systems and build capacity so that it can procure, warehouse, and distribute ARVs and other commodities. USAID is providing technical assistance, as well as 2 large forklifts and other equipment, to make the agency a viable business entity.

Madagascar

- USAID advocated for an improved condom programming strategy, and the government responded by agreeing to procure 15 million condoms for distribution in 2005 and developing a long-term strategy that will guide condom procurement, distribution, and promotion.
- USAID trained more than 2,000 private sector physicians in the syndromic approach to STI treatment and leveraged World Bank funding to train all public sector doctors by the end of the calendar year.
- USAID strengthened the capacity of the national AIDS committee to collect and use data, including the establishment of a reliable HIV surveillance system. With technical assistance from CDC, a strong foundation for quality biologic surveillance has been established. The surveillance is expected to begin early in 2005.
- USAID supported a site-specific behavior survey in 7 cities, and 4 local AIDS committees are using the information for their strategic plans. With this support, a number of committees have mobilized financial contributions from local institutions and international organizations.

Malawi

- With USAID support, Family Health International (FHI) provided guidance to the National AIDS Commission for the first national Behavioral Surveillance Survey, and USAID provided significant financing for Malawi's DHS, which will include HIV and anemia biomarkers.
- Malawi launched its first national HIV/AIDS policy; USAID collaborated in its development and implementation.
- USAID increased support to CBOs and FBOs in 5 districts in which 2,600 trained volunteers provided home-based care to 2,038 HIV-infected persons and support to 5,890 orphans and vulnerable children.

Mali

- Support to the MOH and the High Council on HIV/AIDS resulted in more than $79 million in approved proposals, including $25 million from the Multisectoral AIDS Program and $54 million from the Global Fund.
- USAID supported HIV/AIDS BCC youth campaigns focusing on abstinence; the launch of a Web site; and advocacy sessions with more than 200 youth leaders.
- USAID-supported advocacy initiatives included the attendance of more than 100 persons at an event for female religious leaders. 37 religious leaders from the National Islamic Network for AIDS Control received training in program leadership and management. 85 religious leaders from northern Mali received training in advocacy skills.
- 56 advocacy activities encouraged public political support for HIV/AIDS issues reached more than 5,000 communities and political and religious leaders.
- USAID assistance helped validate national VCT norms and procedures.
- 585 MOH health providers received training in revised STI syndromic management algorithms.

Mozambique

- Newborn care and child HIV care components were included in the Integrated Management of Childhood Illness (IMCI) strategy as a result of USAID funding. IMCI is part of the medical and health institution curricula.
- Mission-supported technical assistance led to the development of a draft national policy for infant feeding, PMTCT, and linking different MOH departments.
- 33 MOH RH staff were trained to supervise integration of family planning (FP) and PMTCT program activities. A national campaign was launched to promote optimal birth spacing and FP counseling integration with PMTCT services.

Namibia

- A pilot project was initiated to develop a longitudinal patient record system for the private sector and a private insurance scheme to provide HIV treatment services.
- 15 advocacy seminars were conducted for 600 people living with HIV/AIDS. 500 community volunteers and peer educators were educated on rights and benefits for people who have HIV/AIDS, and 600 clients received direct legal assistance and services.
- The JHU Health Communications Program introduced community action forums for community, religious, traditional, and education leaders; health facility staff; FBOs; CBOs; and local and regional governments. The forums discuss HIV/AIDS issues and solutions, develop a plan of action, and coordinate HIV/AIDS activities.

- The USAID-supported AIDS Law Unit of the Legal Assistance Center developed HIV policies for an additional 6 workplaces.
- Renovations were completed at 4 of 5 hospitals to improve or expand facilities for VCT, PMTCT, and treatment services.
- More than 80 public and private sector clinicians and counselors have received preliminary training on community mobilization, counseling and communication, and PMTCT and ART services.
- A training curriculum and tools to monitor the effectiveness of interpersonal communication and counseling training were developed and tested.

Nigeria
- USAID supported the development of the national policy for HIV/AIDS in the armed forces; national BCC guidelines; joint TB/HIV activities; care and support for orphans and vulnerable children; VCT curricula and guidelines; and the Nigerian National Response Information Management System.

Rwanda
- Operationally, mechanisms established for more productive working relationships with other USG agencies, the Rwandan government, and other donors are leading to more clearly defined functional areas and making better use of partners' strengths.
- The U.S. Global AIDS Coordinator cited Rwanda as a country with the very desirable "single national plan, single coordination authority, and single monitoring system." He complimented the national HIV/AIDS leader for her excellent work coordinating the country's program.

Senegal
- USAID trained 182 CBOs in AIDS prevention education.
- USAID helped the MOH evaluate its pilot PMTCT intervention and design and implement a scale-up plan. 30 national trainers were trained and PMTCT manuals were developed.
- 139 health care providers are prepared to treat STIs; 110 know how to diagnose syphilis and other STIs.
- Training in nutritional support and counseling for people living with HIV/AIDS was provided.

South Africa
- USAID supported MINDSET, an innovative distance-learning program that uses media to reach health care workers and clients in 47 health facilities with accurate treatment, care, and prevention messages. This public-private partnership uses private sector satellite capacity to broadcast health messages to public sector health facilities throughout South Africa.
- Since the approval of its ARV drug waiver in July, USAID's NGO treatment partner has been purchasing ARVs consistent with USG and South African government regulations. USAID partners have provided ARV training to more than 2,500 service providers.
- In 2 sites, a USAID partner is piloting the use of the "smart card" as a patient-retained record-keeping system for people receiving ARV treatment.
- The USAID-funded EQUITY program has supported the training of 10,000 health care workers in 9 provinces in managing opportunistic infections.

Sudan
- The Office of Transition Initiatives provided funds for a health policy workshop for the New Sudan National AIDS Council and funds for HIV/AIDS radio programming through ARC International.

Tanzania
- 270 Members of Parliament (MPs) received technical assistance to help them advocate for increased HIV/AIDS expenditures and increased access to ARV drugs and care and treatment services. 160 MPs participated in training on HIV/AIDS budgeting processes and frameworks.

Uganda
- USAID supported in-service training of 18,000 primary-school teachers in participatory teaching and mentoring techniques to improve the quality of education.
- USAID expanded its partner base to include parliamentarians as advocates for social services and civil society organizations and FBOs as direct implementers and grantees.
- USAID programming strengthened logistics systems, institutional capacity of indigenous organizations, and social service delivery systems to ensure sustainability.
- USAID worked with the MOH to establish a logistics and supply system for ARVs and PMTCT-related drugs and commodities that is well integrated within the overall supply management system.
- USAID helped develop, finalize, or implement several key policies, including a national ARV policy specifying priority groups for ART; national condom distribution guidelines; a workplace HIV/AIDS policy for the education sector; a national policy and implementation plan for the care of orphans and other vulnerable children; and a national HIV/AIDS VCT policy.

Zambia
- The national training curriculum on PMTCT was finalized, and 1,207 health workers received training in delivering PMTCT services.
- VCT information and commodities management has been greatly improved by the training of district and provincial information officers and Zambian Defense Force health workers and counselors. The system can now produce reliable reporting on national VCT data and has been expanded to include PMTCT data and reporting. More people are accessing VCT, know their status, and are taking measures to prevent HIV infection and re-infection.

- USAID funds contributed to the completion of the national training package for ART and HIV/AIDS-related opportunistic infections and also supported the initial training of trainers. To reduce medical transmission of HIV, 150 health care workers received training in national infection prevention guidelines in 7 of 9 provinces.
- USAID sponsored the first national workshop for traditional leaders on HIV/AIDS, bringing together 110 chiefs, 240 headmen, and other village representatives to discuss ways to guide future HIV/AIDS mitigation efforts by traditional leaders. Through this innovative effort, 60 chiefdoms received small grants to conduct HIV/AIDS activities.
- USAID partners trained 8,272 people in peer education, community-care giving, and VCT, surpassing the target of 5,900. HIV/AIDS awareness sessions were held for 5,219 employees and 182,759 community members.
- Political, civic, traditional, and religious leaders in a province targeted for strategic planning received training to help them become strong advocates in the fight against HIV/AIDS.
- USAID provided support to the National AIDS Council to build and strengthen its capacity to design and manage all aspects of an effective HIV/AIDS program at the national, provincial, and district levels.

Zimbabwe

- USAID and CDC supported the launch of the government's national ART program. USAID provided training, technical assistance, and ARV drugs to 100 patients at each of 5 sites. CDC upgraded laboratories and provided M&E support.
- The MOHCW has adopted USAID-supported PMTCT procedures and an M&E tool nationwide.

Bureau for Africa/Office of Sustainable Development (AFR-SD)

- 250 participants from 40 countries attended OVC skill-building workshops and learned planning, monitoring and evaluation, psychosocial programming, nutrition, education, protection, and care and treatment.
- National OVC workplans for 40 African countries were written, revised, or updated.
- The interagency Rapid Assessment and Analysis for Action Planning initiative was completed in 17 countries. The initiative supported estimating the number of orphans in each country, the major problems they faced and coverage and quality of interventions addressing their needs. Final results were presented at the Global Partners Forum in December 2004.
- More than 5,000 copies of the "Building Blocks" locally adaptable OVC programming tool have been distributed.
- AFR-SD supported the production of a report with findings and recommendations on legal and policy issues affecting OVC and other children in Uganda. The report supported efforts to develop an OVC policy and helped inform the process of reorganizing the legal status of children in Uganda.
- The University of Natal Health Economics and HIV/AIDS Research Division held a meeting with OVC researchers to design a research agenda, and facilitated submission of a children's bill to the Social Development and Welfare committee of the South African parliament.
- AFR-SD supported the development of a curriculum for palliative care of children with HIV/AIDS and other life-threatening diseases.
- AFR-SD supported the development of state-of-the-art evidence-based technical documents on nutrition and HIV/AIDS, as well as a set of counseling tools on nutrition care and support for community-level programs for people living with HIV/AIDS.
- A West African workshop on the military and HIV/AIDS updated and validated a sub-regional proposal for strengthening HIV/AIDS prevention in the military.
- Zambia, Malawi, Ethiopia, and Swaziland were able to implement PMTCT, and those countries as well as Tanzania implemented programs in infant and young child feeding.
- As a result of strong policy support and advocacy, South Africa drafted National Women's Nutrition Guidelines in the context of HIV/AIDS.
- 6 countries completed and disseminated national guidelines on nutritional care and support for people living with HIV/AIDS.
- 11 countries have used a nutrition and HIV/AIDS counseling toolkit for community programming, developed with USAID support.
- USAID supported the publication of "Guidelines on Nutritional Counseling, Care and Support for HIV/AIDS-Positive Women in Resource-Limited Settings," which will influence African countries developing programs for PMTCT and AIDS treatment, care, and support.

REDSO/ESA

- Lesotho adopted national guidelines (adopted earlier in Angola, Tanzania and Swaziland) for the nutritional care of people living with HIV/AIDS.
- Preservice lecturers from nearly every major university in East and Southern Africa were invited to a regional meeting disseminating a manual promoting proper nutritional care and support for people living with HIV/AIDS. By the end of this fiscal year, more than 100 trainers, 90 health service providers and 2,000 university students had working knowledge of the manual, enabling them to provide nutritional care and support activities to populations infected and affected by HIV/AIDS. South Africa adopted the manual for the national training of its health care workers, a component of the government's roll-out of HIV treatment services. Rwanda has adapted the manual for use in all its major universities.
- In the HIV/AIDS pharmaceutical arena, 8 countries undertook performance assessments for drug management, with specific indicators for HIV/AIDS commodities.

- An HIV/AIDS regional technical working group of the Regional Pharmaceutical Forum was formed to address issues related to ARV procurement.
- USAID support provided for the formation of country "drugs and therapeutics committees" in order to develop capacity for improved drug selection and quality control for HIV/AIDS drugs at the country level.
- The mission designed an HIV/AIDS strategic objective (SO) 8 that was approved by USAID/Washington.
- A strategic initiative coalition of more than 20 public and private development agencies, regulatory authorities, NGOs, and FBOs signed a statement of collaboration to work together to create dynamism and synergy.
- REDSO participated in 2 PEPFAR technical working groups organized by the Office of the U.S. Global AIDS Coordinator, one for palliative care and one for PMTCT and pediatric AIDS. The basic care package of services for HIV-infected children was drafted and staff participated in the drafting of the package for HIV-infected pregnant women.
- REDSO supported a workshop on ART for children attended by 39 participants from 9 countries and trained 68 physicians in Uganda on pediatric AIDS. As a result, new ART services were started or upgraded in 13 health facilities in 7 countries and more than 800 children began ART.
- REDSO produced the first Handbook on Pediatric AIDS in Africa, which was launched at the International Conference on AIDS in Bangkok, Thailand. More than 300 copies were distributed.
- Through the African Network for the Care of Children Affected by AIDS (ANECCA), REDSO provided technical and financial assistance to pediatric AIDS programs throughout Africa and developed a comprehensive care model for children exposed to and infected by HIV.
- 140 delegates from 19 countries attended the first regional conference of the Behavior Change Communication Network for HIV/AIDS in East and Southern Africa. As a result, delegates resolved to establish a regional secretariat and create centers of excellence in behavior change communication. A Web site of an annotated bibliography of behavior change communication tools and a monthly technical update that is sent to all members were developed. Network members in Kenya established the first affiliated country chapter.
- With USAID support, the East, Central, and Southern Africa Health Community Secretariat carried out the fieldwork for a review of PMTCT policies and programs in Zambia, Kenya, Uganda, Zimbabwe, Tanzania, and Lesotho.
- REDSO funded the Communities Responding to the HIV/AIDS Epidemic (CORE) Initiative to coordinate regional work with FBOs.
- National health account (NHA) analysis was expanded to include classification of health expenditures by disease condition, specifically HIV/AIDS in Kenya, Rwanda, and Zambia.
- Malawi and Zambia implemented the GOALS model for estimating the effects of resource allocation decisions on achieving targets of national HIV/AIDS strategic plans.

RHAP

- 2,633 people received training in providing community outreach and HIV risk avoidance/reduction services.
- In Botswana, Lesotho, and Swaziland, USAID provided capacity building to CBOs and FBOs in areas such as prevention, care and support, and orphans and vulnerable children.

WARP

- AWARE-HIV/AIDS and its partners developed operational definitions and selection criteria for promising and best practices (PBPs) and established task forces in BCC, PMTCT, VCT, care and treatment, and STIs.
- The project identified 11 PBPs for HIV/AIDS prevention, testing, and access to treatment, 7 from within the region, in the following 6 domains: transmission reduction, youth education, improved ARV access, improved adherence to treatment, education for health care providers on STIs, and PMTCT. To promote the replication of PBPs in HIV/AIDS and STI regionally, AWARE selected 5 learning sites in 4 countries.
- AWARE-HIV/AIDS developed a list of 22 areas for policy improvement to better focus regional efforts to combat HIV/AIDS. These were adopted by stakeholders at a Regional HIV/AIDS Policy Agenda Meeting and will be presented to the health ministers of member countries of the Economic Community of West African States (ECOWAS) in calendar year (CY) 2005.
- To facilitate advocacy tool development, AWARE-HIV/AIDS and the Centre d'Etudes et de Recherche sur la Population pour le Développement (CERPOD) supported training workshops in Benin and Mali, developing skills through the use of a computer software model (SPECTRUM) for the analysis and use of data for advocacy and policy dialogue in combating HIV/AIDS.
- AWARE-HIV/AIDS supported the development of model HIV/AIDS legislation through a regional workshop in Chad. Representatives from 13 countries received assistance in developing uniform legislation for HIV/AIDS/STIs. They also developed a common action plan for dissemination and advocacy to support the adaptation and adoption of HIV/AIDS law at the country level. As a result, AWARE-HIV exceeded its performance goal for the development of advocacy plans.
- The West African Health Organization (WAHO) and AWARE HIV/AIDS cosponsored a consensus-building workshop for the leaders of national country coordinating mechanisms to strengthen their roles and promote regional processes that meet the special challenges posed by HIV/AIDS.
- The Health Office and the Office of Conflict Mitigation collaborated on a proposal to track ARV drugs in the

region, using the level of leakage of donated supplies of these valuable medications into the private sector as a potential corruption indicator.
- AWARE-HIV/AIDS began capacity building for regional HIV/AIDS organizations, and capacity development plans have been prepared for 9 regional institutions/networks to work in prevention, VCT, care, and treatment.
- AWARE is strengthening the PMTCT program of the FBO Cameroon Baptist Convention Health Board so that it can become a regional training center.

Public-Private Partnerships

Guinea
- USAID, the Guinean Chamber of Mines, and the National HIV/AIDS Committee have developed an $80,000 public-private alliance. An agreement was signed in July to target the formal mining sector with HIV/AIDS prevention activities.

Nigeria
- In partnership with the public and private sectors, USAID established VCT services in 35 facilities in 5 states, up from zero in 2000. In 2004, 21,940 people received counseling and testing services in these facilities.
- USAID supported the development of the Nigerian Business Coalition to Combat AIDS, an initiative involving the business community and the national action committee on AIDS.

Wrap-around Activities

Angola
- The government invited various civil society organizations for consultations on land policy and HIV/AIDS-related rights issues, the results of which informed subsequent laws drafted to address the rights of people living with HIV/AIDS and the ownership and disposition of land and property, including for the first time the contentious issue of community land rights under customary law.
- USAID assisted the Group of Women Parliamentarians in the drafting of an HIV/AIDS bill focused on the protection of rights of people living with HIV/AIDS and government responsibilities in providing services.

Benin
- USAID has been working with the Ministry of Primary and Secondary Education to integrate HIV/AIDS into the primary education curriculum and activities. USAID conducted a study on HIV/AIDS and the education sector. USAID has financed training activities to raise awareness among teachers about HIV/AIDS. The textbooks and the guides developed for fifth grade include messages on HIV/AIDS. The textbooks to be issued for sixth grade in the coming year will also contain messages on HIV/AIDS.

Burundi
- Populations living with or affected by HIV/AIDS, including orphans, street children, and vulnerable people in social centers received Food for Peace (FFP) food aid.

Eritrea
- 50 staff of the National Union of Eritrean Women and more than 800 Eritrean women from rural areas received training in such topics as microenterprise development, hygiene, RH, and HIV/AIDS awareness.

Ethiopia
- The HIV/AIDS subcomponent of the savings and credit cooperative program for smallholder farmers trained 130,547 cooperative members (8,688 women and 121,859 men) in prevention and control methods.
- USAID supported the development of 13 modules of self-instructional kits for individual teachers and schools and the printing of 44,200 copies of supplementary materials for the first through fourth grades on socially relevant topics of HIV/AIDS, civics, ethics, and environmental education. English-language supplementary materials on socially relevant topics for the fifth through eighth grades have been translated into the four main local languages. USAID supported the development of six video episodes on HIV/AIDS teaching and an HIV/AIDS teachers guide in Amharic.

Ghana
- Catholic Relief Services (CRS)/Ghana provided food to 9,961 beneficiaries in 171 institutions and carried out training in food management and appropriate nutrition for 40 managers of centers for people living with HIV/AIDS.
- USAID supports preservice HIV/AIDS prevention training nationally in Ghana's teacher training colleges to ensure that new teachers can protect themselves, behave ethically, and address HIV/AIDS issues in the context of both the classroom and the broader community. To date, training-of-trainers sessions have been held for 203 tutors from 39 of these colleges. In order to gain support for the program, 2,345 college personnel and 39 principals have also been sensitized in HIV/AIDS.
- As part of a broader effort to build more issue-focused MP campaigns, USAID supported 25 MP candidate debates in constituencies where HIV/AIDS is a critical issue. This pushed each candidate to present his or her plans for addressing the HIV/AIDS pandemic.

Guinea
- The mission established a public-private alliance with the Guinean Chamber of Mines and the national HIV/AIDS committee to target the formal mining sector on HIV/AIDS prevention.

- Working in close collaboration with the U.S. Department of Defense, USAID helped develop an HIV/AIDS awareness program for the Guinean military.
- USAID reinforced government capacity to mitigate the impact of HIV/AIDS on the education sector through an exchange visit by 29 officials to South Africa, Namibia, Botswana, and Zambia.

Kenya

- In FY 2004, the Ministry of Education (MOE) launched its sector policy on HIV/AIDS. USAID has been the driving force in developing this comprehensive policy on HIV and AIDS for the education sector. USAID, DfID, and the United Nations Educational, Scientific and Cultural Organization (UNESCO) are now helping the Ministry disseminate the policy throughout Kenya.

Malawi

- The government approved the national HIV/AIDS and education strategy, which was developed with USAID technical assistance.
- The Opportunity Internal Bank of Malawi, financed with USAID support, has developed a "funeral insurance" product for its microcredit group clients to help mitigate the economic stress resulting from an AIDS-related death.
- The National Democratic Institute supported the formation of a parliamentary HIV/AIDS task force to streamline HIV/AIDS throughout all committees.
- Liwonde School had acute absenteeism and dropout numbers due to HIV/AIDS, so the school management committee and teachers formed a club to perform drama and quizzes to sensitize the community.
- The Malawi Education Support activity team is working with the school clusters, school management committees, and parent-teacher associations in four target districts to develop action plans, and HIV/AIDS is included as a key area of concern. Against a baseline of 11.1% at the beginning of FY 2004, 38% of communities have now established HIV/AIDS outreach activities such as sensitization on HIV/AIDS awareness, prevention measures, cultural issues, and dialogue on life skills.

Mozambique

- The nationwide agricultural survey provides a mechanism for tracking the impact of the HIV/AIDS pandemic on rural livelihoods.

Namibia

- The Basic Education Support II program supported activities in the schools to increase HIV/AIDS awareness and to provide information about various programs available for prevention, counseling, testing, and treatment.
- 1,440 principals and senior education officials received training in HIV/AIDS awareness and prevention programs in order to deal with HIV/AIDS issues in the schools. 28 small grants valued at $200,000 were awarded to communities to implement activities that mitigate the impact of HIV/AIDS on school children, especially orphans and vulnerable children, and for the development of age-appropriate HIV/AIDS materials for use in primary schools.
- 33 civil society organizations located in various parts of the country have taken up issues of local concern such as increased health care for HIV/AIDS-affected persons.
- USAID supports the HIV/AIDS management unit in the education ministries to increase their ability to work with orphans and vulnerable children in the school system and to develop a plan to reach children in the schools.

Nigeria

- USAID has carried out a pilot clean water social marketing activity, WaterGuard, that can reduce the risk of opportunistic infections in people living with HIV/AIDS and help HIV-positive pregnant women have safe water sources for breast milk substitutes.

Regional Center for Southern Africa (RCSA)

- The introduction of improved varieties of cassava and yellow-flesh sweet potato seeds among HIV/AIDS-vulnerable households provided food security crops and important low-cost nutrition sources of vitamin A, proteins, minerals and carbohydrates. In Malawi, 6,000 vulnerable HIV/AIDS-affected and -infected households benefited from these seeds. These improved varieties require less labor, less or no external inputs and are drought-tolerant. This gives farmers, especially women who care for the terminally ill and orphaned children, time to care for these needy members of their households.

Rwanda

- The agriculture program embarked on the development of biofortified crops to address the nutrition needs of people living with HIV/AIDS.
- Food aid partners continued to provide a safety net for more than 7,000 orphans, street children, and older people, as well as 4,400 HIV/AIDS-impacted households, through improved nutrition and income-generating activities.
- 1,209 microfinance institution members completed their training in community-based HIV/AIDS outreach, and more than 7,000 clients were undergoing training in HIV/AIDS awareness and sensitization by the end of the reporting period.

Senegal

- USAID is pioneering a program to link HIV/AIDS and education interventions at the field level to mitigate the impact of HIV on youth and the national education system.

South Africa

- The Democracy and Governance (DG) program and the Municipal and Housing Services program jointly support an NGO program that brings local government councilors,

officials, and community leaders together to develop joint plans to mitigate the HIV/AIDS pandemic. By the end of 2004, the program had helped 124 of the 284 municipalities develop HIV/AIDS strategic plans, 62 of which are being implemented.
- USAID funded seven South African universities to undertake HIV/AIDS activities in support of university staff, students, and the surrounding communities.
- With USAID funding, Takalani Sesame continued its television and radio programming, reaching preschool children with messages about HIV/AIDS through Kami, the HIV-positive Muppet.
- The Economic Capacity Building program brought together several donors and private foundations and corporations to continue funding essential research on the economic impact of HIV/AIDS in South Africa.
- HIV/AIDS is incorporated into the Integrated Education Program training for basic education teachers and parents. Using training conducted by a well-respected NGO dealing with HIV/AIDS in education in South Africa, the teachers receive training in integrating HIV/AIDS messages across different learning areas in the primary school curriculum. Parents and communities are also receiving HIV/AIDS training.
- The South African cabinet asked USAID to update its earlier analysis on the impact of HIV/AIDS on the economy and to analyze both the impact of the roll-out of HIV/AIDS treatment and the cost of that treatment to the government budget. The cabinet then approved the plans for the treatment roll-out, which began in April.
- USAID introduced the theme of how to best project the impact of HIV/AIDS on service demand and levels into the deliberations of the South African Cities Network (SACN). To date, SACN has produced the design of an initial HIV/AIDS for Local Governments program, which spans all sections of local government and discusses the implications of HIV/AIDS illness and death rate projections on tariff-setting policies, provision of housing, community facilities, and other service delivery concerns. Related USAID capacity-building activities include an assessment and design process by the African Alliance of Mayors Initiative on Community Action to address HIV/AIDS at the local level and strengthen the members' ability to develop and implement policies that help manage the impact of HIV/AIDS.

Sudan
- To increase HIV/AIDS awareness, USAID supported the training of local NGO staff in puppet theater. Life-size puppets were made, scripts developed, and a mobile stage built.

Tanzania
- HIV/AIDS omnibus legislation promoting equality for people living with HIV/AIDS and protecting them from discrimination is being reviewed prior to parliamentary approval.
- During the reporting period, 14 local DG SO partners developed and implemented a variety of advocacy campaigns on critical issues affecting Tanzanian society, including HIV/AIDS.
- The Economic Growth SO initiated HIV/AIDS workplace programs aimed at educating producers, through their associations, on coping skills to deal with the epidemic. The Global Service Corps' Seeds for Survival program provides professional training on prevention education, care, life skills, nutrition, and sustainable agriculture. USAID partners are also beginning to examine the introduction of crops that require minimal labor, which will allow families with HIV-positive members to better provide for themselves.

Uganda
- The Public Law (P.L.) 480 Title II program currently assists 68,762 people living with HIV/AIDS.
- A USAID-assisted in-school abstinence promotion and life skills program distributed teacher's handbooks to all 15,000 primary schools and trained 45,000 primary teachers in the program.

Zambia
- USAID supported field-testing and replication of specific school health interventions and mobilization of communities to mitigate the impact of HIV/AIDS. USAID also supported teacher training and the provision of scholarships for orphaned children.
- Community Sensitization and Mobilization Campaign for girls' education and HIV/AIDS awareness expanded to all 661 basic schools and 67 community schools in Southern province, reaching 116,275 students (56,590 females, 59,685 males). This is more than a 50% increase from the FY03 achievements.
- The USAID-funded Impact Assessment of HIV/AIDS on the Education Sector was recently completed. The assessment provides the MOE and donors with information on how HIV/AIDS currently impacts the educational system.
- USAID provided technical support to the national food and nutrition commission and other partners to address issues related to HIV/AIDS, nutrition, and food security. The Food and Nutrition Technical Assistance (FANTA) project completed an assessment of existing capacities and gaps; prioritization of activities for technical support; completion of national guidelines on nutrition and HIV/AIDS; and recommendations on appropriate foods, including specialized food products, for people living with HIV/AIDS and ART clients.

Zimbabwe
- HIV/AIDS-affected households accounted for 70% of total beneficiary households of the Economic Opportunities program, representing a 56% increase on the achievements of FY 2003. Beneficiary households received low-cost drip irrigation kits and seed packs of drought-tolerant crops;

accessed a wide range of business and technical training services; and protected their assets through the legal service voucher program.
- USAID's legal services program helped address the common problem of asset grabbing following the death of a family member. USAID assistance enabled the writing of 4,683 wills in FY 2004, surpassing the target of 4,000 by 17%. The program underwent a strategic redesign in 2004 aimed at expanding outreach to rural areas by engaging social workers as will counselors instead of expensive lawyers who are less accessible to the poor.

AFR-SD
- AFR-SD supported an assessment of the impact of HIV/AIDS on environmental issues and food security for Ezemvelo KwaZulu Natal Wildlife, a provincial conservation organization, in order to improve that organization's HIV/AIDS policy and program.
- AFR-SD supported the development of the report: "Development, Trade, and HIV/AIDS: How the African Growth and Opportunity Act (AGOA) Can Strengthen the Fight Against HIV/AIDS."

2. Prevent and control infectious diseases of major importance

USAID supports activities to prevent and control malaria and TB, as well as improve infectious disease surveillance and build capacity to detect and respond to emerging infectious disease threats.

Malaria

Angola
- Efficacy studies to determine a new malarial drug regime were completed with the MOH.
- USAID received approximately $500,000 from ExxonMobil to support its malaria activities.
- 62 in-service trainings were conducted with the MOH incorporating intermittent preventive treatment (IPT) for malaria in pregnancy into routine prenatal care services.
- Laboratory technicians in targeted clinics received refresher training, and community mobilizers received training in providing information about malaria.
- USAID and the MOH jointly developed a malaria procedure manual for all public health centers.
- Product and market development research was conducted for a long-lasting insecticide-treated net (ITN) to be introduced in FY 2005. The research studied product name, cost, and color; media campaign preparation; market identification; and distribution.

Benin
- Social marketing sales of ITNs and re-treatment kits did not meet targets.
- The proportion of health facilities promoting bed net sales and correct treatment of bed nets increased from 80% in FY 2003 to 85% in FY 2004 in the Oueme-Plateau region.
- In the Oueme-Plateau region, the number of pregnant women and children under age 5 reporting use of ITN increased from 1,538 in FY 2003 to 4,557 in FY 2004.

Burundi
- Through support to UNICEF, USAID contributed to the Roll Back Malaria (RBM) plan, which distributed 335,500 ITNs for pregnant women and children under age 5 and provided a new malaria treatment to 2.2 million people.

DR Congo
- USAID provided strategic support to the MOH through rehabilitation of the national malaria control program's office and continued to provide the program with technical assistance.
- ITN coverage expanded in USAID-assisted zones, where roughly 31.15% of the households have at least one ITN; the target coverage is 40%.
- IPT was introduced in 100% of the USAID health zones; 71% of pregnant women who attended antenatal clinics received at least one dose of sulfadoxine-pyrimethamine.

Eritrea
- Eritrea was the first country to meet the Abuja Declaration targets for decreasing morbidity and mortality due to malaria.
- 66% of households in malarious areas own 2 or more ITNs.
- USAID helped the national malaria control program establish an additional 9 sentinel surveillance sites, bringing the total to 19.

Ethiopia
- Community-based RH agents and community-based health promoters received training in malaria issues; community-based RH agents in 15 districts received training in clearing mosquito breeding sites.
- USAID supported a public-private partnership to brand and make ITNs commercially available.
- Research on bed net use was completed in preparation of a target subsidy program for pregnant women and young children.

Ghana
- USAID helped the government develop major changes in its policies for malaria prevention and treatment by incorporating IPT for pregnant mothers and a switch to a more effective treatment therapy.
- With USAID technical assistance and resources from the Global Fund, 20 lead districts received support for implementing the new IPT policy.
- USAID worked with private sector entities to launch and promote commercial ITN sales. Despite several delays, the price-discount voucher pilot program for targeted users was

successfully launched in the Volta region and expanded to the Eastern region. The pilot program attracted considerable attention both nationally and internationally and prompted ExxonMobil to tap into USAID's technical assistance for a similar scheme in Accra and Kumasi.
- Commercial ITN sales, implemented through a joint USAID/British-funded program that supports 2 private local distributors of modern pretreated ITNs, reached 318,000.

Guinea
- USAID made an important advance in malaria control by helping the MOH institute a cost recovery system for ITNs. Several years of negotiations led to a national standard price and policy, permitting the sale of nets in both the public and private sector.
- Through the USAID-funded social marketing program targeting pregnant women and children, nets are now being sold in 2 pilot prefectures (Boké and Forécariah). Scale-up of this pilot project is expected with future funding from the Global Fund.

Kenya
- With USAID assistance, Kenya developed a new framework for its malaria program. In response to the priorities of the MOH's Division of Malaria Control (DOMC), the new strategy supports the central national malaria program for FYs 2005 and 2006.
- USAID worked with the Kenya Medical Supplies Agency to help the DOMC to define the antimalarial supply chain for public sector facilities and mission hospitals and developed strategies to strengthen these systems.
- The Malaria Action Coalition (MAC) initiative helped the DOMC define national antimalarial drug requirements. Following the government's adoption of artemisinin-based combination therapy (ACT), USAID helped the MOH forecast new drug requirements. This forecast forms the basis for implementing the new drug policy and for the government's request to the Global Fund for funds to purchase ACT drugs.

Liberia
- The Improved Community Health (ICH) project collaborated with the MOH to develop protocols for the new ACT treatment regimen.
- The ICH project played a pivotal role in developing a national malaria BCC strategy.

Madagascar
- USAID, the World Bank, UNICEF, and the Ministry of Health and Family Planning (MOHFP) worked together to launch Palustop, an innovative prepackaged home-based malaria treatment for children under 5 years of age, in December 2003. Since the launch, 844,820 packages have been sold through community-based social marketing, exceeding targets by 18%.
- In February, the MOHFP and USAID partner Population Services International (PSI) signed an agreement to promote and distribute ITNs nationwide; more than 340,019 ITNs were sold.
- USAID provided technical assistance to include IPT with Fansidar for pregnant women in the national malaria policy.
- USAID trained key health staff in implementing IPT in public health care. 16 health workers from the central and provincial levels were trained as trainers, and 40 health providers from 5 health districts at high risk of malaria transmission received training in IPT. These training activities will be expanded to 106 districts early in FY 2005.

Malawi
- The percentage of children under age 5 sleeping under an ITN reached 36%, an increase from 7.6% in 2000.
- The percentage of households with an ITN increased from 13% to 43%.
- Prompt treatment for malaria increased from 35% to 74% of cases in the country's northern region.
- 59.9% of pregnant women received the recommended 2 doses of Fansidar, making Malawi one of the first countries to approach the key Abuja Declaration target of 60% of women receiving 2 doses during pregnancy.
- USAID contributed to public malaria education through 72 malaria drama performances that reached 60,000 people in rural theaters throughout the country. Four mobile video units aired 135 broadcasts of a malaria video drama to more than 580,000 people.

Mali
- The ITN social marketing program sold more than 38,000 nets through the private sector, far fewer than the 120,000 target. Poor performance of the commercial distributors caused the shortfall.
- Nearly 25,000 subsidized ITNs were distributed to pregnant women and children through health facilities. By the end of 2004, an estimated 74,000 will be distributed.
- Mali's First Lady recorded malaria prevention radio spots, and USAID supported their broadcast.
- Subsidized ITN treatment kit sales exceeded 234,000, surpassing expectations.
- USAID technical assistance to the MAC supported the development of a transition plan, drug need estimates, and new treatment protocols for malaria in response to growing resistance to chloroquine.
- USAID malaria support allowed for scaled-up IPT programming for pregnant women, including informational radio spots, health worker training on the new national IPT policy, supervision of health care workers, and revised national reproductive health norms and procedures to include IPT.
- USAID teamed with UNICEF to provide sufficient IPT drugs to achieve 60% coverage of pregnant women nationwide in CY 2005.

Mozambique
- USAID assistance helped launch a national malaria strategy.
- The Rural Incomes, Health, and Democracy SO teams at the mission have a joint activity to reduce the economic burden of malaria and diarrhea in targeted areas where programs to improve agricultural production and marketing and reduce corruption in public services are also underway. The activity promotes ITN use, home water treatment kits, bio-sand water filter systems, and expanded sanitation and hygiene awareness activities.
- More than 15% of children were used ITNs, compared with 5% of children at baseline (no baseline date given).
- 120 laboratory staff received training in malaria parasite diagnosis. Vector resistance and species composition were investigated in 6 target provinces, and sentinel data collection sites were established in 3 regions.

Nigeria
- As a result of USAID's expanded malaria prevention and treatment efforts, 600 additional private sector outlets began to sell ITNs and re-treatment kits, bringing the total to 1,378.
- USAID trained 2,000 patent medicine vendors in 3 target states in providing proper advice to purchasers of malaria drugs.
- In the face of a continued 40% tariff on imported bednets, USAID focused efforts on increasing local bednet production capacity. Production level has risen from almost nil to more than 3 million nets per year.

Rwanda
- USAID worked to develop the RBM strategy, and 39 districts are implementing the action plan.
- With USAID support, ITN coverage increased from 4% to 15% nationwide.
- In USAID-supported sites, ITN coverage reached almost 60%, the Abuja Declaration target coverage.
- The ITN intervention produced a dramatic reduction in the prevalence of high fever among children under age 5 from 75% to 29%. As a result, under-5 mortality in the area dropped by 64%.

Senegal
- Based largely on USAID-supported malaria surveillance, Senegal adopted a new policy for malaria prevention and treatment. All public health facilities and some community health huts implemented a combination malaria therapy.
- A nationwide social marketing program sold more than 318,500 ITNs.

Tanzania
- The USAID-supported pilot introduction of IPT for malaria in pregnancy went to national scale in less than 2 years, with coverage increasing from 29% in 2001 to 65% in 2004.

Uganda
- The mission supported the sale and/or distribution of more than 400,000 ITNs, almost double the target.
- The mission supported a successful net re-treatment campaign, launched by the MOH across 20 districts, that treated 481,119 nets and reached close to 1 million people.
- USAID funded the purchase of 1,639,497 doses of HOMAPAK (prepackaged malaria treatment for infants and children) and trained volunteers in home-based management of fever.
- USAID is helping the national malaria control program better communicate its strategies and policies among governmental and nongovernmental partners.

Zambia
- USAID remains the largest donor for malaria control and helped the national malaria control program expand use of the new ACT treatment regimen from 7 to 28 districts.
- A system to track drug utilization and compliance has been introduced nationwide, and more than 300 health workers have received training in malaria clinical case management.
- The growth of a sustainable commercial ITN market continued, with 133,093 nets sold through the NetMark project.
- An additional 139,608 subsidized ITNs targeted at pregnant women and children under age 5 were sold at public sector clinics, falling short of the target of 170,000 nets. The shortfall was mainly due to market saturation during the previous period.
- USAID provided technical support in planning, training, evaluation, and safe use of pesticides for the roll-out of the national indoor residual spraying program.

AFR-SD
- USAID support to WHO/AFRO enabled 40 GFATM proposals in 43 malaria-endemic countries to be accepted.
- In 17 countries, increased monitoring of anti-malarial resistance has contributed to the revision of anti-malarial drug policies and adoption of ACT to treat uncomplicated malaria.
- Guidelines on scale-up of community-based initiatives for malaria control and home malaria management tools were finalized, best practices for improving malaria treatment through the private and informal sectors were identified, and a continent-wide database of resources on community-based initiatives was established.
- Building on the results of AFR/SD research in Kenya, 23 countries adopted and began IPT as part of a prenatal malaria prevention and control program.

REDSO/ESA
- The USAID-supported Malaria in Pregnancy East and Southern Africa network continued to solidify gains in expanding IPT in the network countries of Kenya, Uganda, Tanzania, Malawi, and Zambia. The network has been

approached by other countries and is considering ways to enlarge its membership.
- With the creation of the USAID-funded Horn of Africa Network for Monitoring Antimalarial Treatment, 7 countries have united to prevent expansion of malaria drug resistance, share cross-border experiences, and encourage drug sensitivity testing and monitoring of the new ACT treatment regimen.
- Funding to the NETMARK project, which supports public-private partnerships to make ITNs commercially available and affordable, is working with net manufacturers in the subregion to improve the quality of locally made ITNs and is looking to increase the marketability and accessibility of nets for East and Southern Africa populations.
- REDSO supported a workshop where 8 African net manufacturers established standards to improve the quality of locally produced ITNs.
- USAID combined technical consulting resources with other donors and coordinated activities with them to accelerate the development and implementation of malaria control activities for pregnant women.

WARP
- USAID continues to support the use of ITNs and IPT in close collaboration with the RBM initiative, WAHO, and UNICEF.
- AWARE-RH and the World Health Organization (WHO) collaborated in developing advocacy skills for the management of malaria in pregnancy and supported 2 training workshops, one each in Ghana and Togo, for 14 country teams. Each country developed a plan for IPT and ITN policy development and/or implementation.
- The West African Network for the Prevention and Treatment of Malaria in Pregnancy has been selected as the regional mechanism for implementing malaria activities.
- AWARE-RH and USAID worked with field support partners MAC and NetMark and developed complementary work plans for FY 2005.

Tuberculosis

Angola
- USAID funded 2 new activities that will assist the MOH with training and improving laboratory capabilities for detection of TB in addition to offering VCT testing at TB clinics.

DR Congo
- TB case detection improved from 53% in 2001 to 66% in 2003 and the rate of successful treatment increased from 70% in 2001 to 79% in 2003.

Senegal
- 60% of the 6,587 new TB cases identified in 2003 were cured.

South Africa
- USAID provided support to 106 hospitals, 53 community health centers, and 944 clinics in 5 provinces as part of a program to improve the quality of care in maternal and child health and TB services as well as key HIV/AIDS services. Support included assessment tools, a quality assurance methodology, and job aids and field guides for health care workers. Approximately 3,245 health care workers received training in quality issues.
- With USAID assistance through the Quality Assurance Program, the Khandisa clinic in Kwa-Zulu Natal improved its TB case identification rate from 39 new cases per quarter in 2002 to 79, with a cure rate of 92%, up from 44% in 2002. All cases were on daily directly observed treatment, short course (DOTS) support.
- National TB laboratory guidelines and standards were developed in 2004 as a result of the USAID-supported survey of multidrug-resistant TB completed in 2003 by the South African Medical Research Council.
- USAID is supporting a follow-up study on risk factors for treatment default among TB patients. Initial results of the study are very encouraging - 751 suspected TB cases were identified, 15% of whom had active TB. Based on these initial findings, the Western Cape Department of Health is developing new policy guidelines for all provincial health facilities.
- USAID provided grants to 3 NGOs from 8 service points in 4 provinces to expand community-based DOTS support; increase awareness and treatment adherence; and support coordination and collaboration between HIV and TB programs. These NGOs trained 69 supporters in using the Department of Health training manual for DOTS supporters, resulting in treatment support for 392 patients, 140 of whom have completed treatment and 19 of whom defaulted, with the rest still on treatment. These NGOs reached 2,500 people with TB messages.
- USAID supported training of 259 private practitioners in 4 provinces in management of TB so that they have the same knowledge as public providers.

Sudan
- USAID developed guidelines for treatment of TB in southern Sudan that will be disseminated for use by service providers in FY 2005.

Uganda
- USAID supported TB activities in 16 districts, providing specific support to integrated TB management activities in 6 districts.

AFR-SD
- As a result of AFR-SD support to WHO/AFRO, community TB care activities are being implemented in 3 urban centers in DR Congo, 12 of 76 districts in Kenya, 34 of 56 districts in Uganda, and nationwide in Malawi, Botswana, Tanzania, Zimbabwe, Senegal, Togo, and Ethiopia, an

increase from the 6 countries that implemented these activities in 2003.
- Through the SARA Project, AFR-SD supported report "Tuberculosis and Gender: A Pilot Study in Tanzania," which examines gender-focused TB care.

REDSO/ESA
- The Regional Center for the Quality of Health Care joined forces with the World Health Organization Africa Regional Office (WHO/AFRO) and three countries (Kenya, Malawi, and Uganda) to assess the management and improve the quality of the community-based DOTS strategy in selected districts of these countries.

Surveillance and capacity building

Ghana
- The training of health staff responsible for infectious disease surveillance and response has been initiated in the Brong Ahafo region.

Zambia
- USAID supported the Second National Workshop on Rational Use of Drugs and facilitated the development of a national working group to produce a strategy to address the potential problem of drug resistance.

AFR-SD
- AFR-SD supported CDC and WHO/AFRO to provide guidelines and training materials in integrated disease surveillance and response to all 46 WHO/AFRO member countries. Two of these countries trained at least 60% of their district-level health staff in charge of communicable disease surveillance. As of October 2004, 22 countries had committed to regularly publish national epidemiological bulletins, an increase from 13 countries in 2003.
- Burkina Faso, Ghana, Ethiopia, Mali, and Uganda have shown a three-fold increase in timeliness and thoroughness of disease reporting and an improvement in outbreak detection. In 2004, the 2-day response rate to a reported outbreak in those countries was 50%, and in 60% of those outbreaks, confirmation of the suspected disease was provided by laboratory testing.

REDSO/ESA
- There are 12 best practices in the infectious disease sector being implemented in the region through funding and technical assistance.

3. Improve child survival, health and nutrition

USAID's child survival (CS) programs in Africa aim to reduce morbidity and mortality among children under 5 years of age. Priorities include support for health sector reform; fostering partnerships between ministries of health, NGOs, and the commercial and private sectors; continued successful implementation of basic CS interventions such as IMCI, nutrition, and malaria prevention and control; and, in coordination with other partners, support for initiatives to build sustainable immunization services and improve their use to reduce the burden of vaccine-preventable diseases such as polio, measles, and neonatal tetanus.

The following CS results were reported in Africa FY 2005 Annual Reports:

Integrated Management of Childhood Illness

Angola
- 260 service providers received training to improve their capacity to deliver quality IMCI services, supervision, and infection control.
- 102 service providers received in-service training in child health issues.
- The volume of clients using child health services increased 42% during the fiscal year.

Benin
- The proportion of villages in targeted health zones receiving health services from community-based agents increased from 15% to 30%. The agents provide CS assistance (oral rehydration, home visits, counseling) as well as FP and infectious disease assistance.
- Additional health workers were trained in IMCI, bringing the total trained to 78% of all health workers in targeted health zones.
- USAID continued to support the training of health agents in use the "preceding birth technique" to assess infant mortality. The tool makes timely data available to better plan health activities.

Eritrea
- USAID sponsored training for 183 health facility workers and has been able to ensure that more than 70% of health facilities have at least one staff person trained in IMCI.
- Infant mortality decreased from 72 per 1,000 live births in 1995 to 48 per 1,000 in 2002 and under-5 mortality from 136 per 1,000 live births in 1995 to 93 per 1,000 in 2002, as reported in the 2002 Eritrea DHS.

Ethiopia
- Pit latrine coverage increased from 20% in 2002 to 74% in 2004 in the Southern Nations, Nationalities, and Peoples (SNNP) region. In the 3 largest regions where community-based distributors are working, the number of pit latrines increased 14%. One district in Amhara experienced a 41% increase in pit latrines, and one community achieved a 100% increase in one year.
- 20 new private clinics offering RH and maternal and child health (MCH) services opened.

- Community health committees in rural areas trained health agents to increase awareness of health, nutrition, hygiene, HIV/AIDS, diarrheal disease, and environmental sanitation.

Ghana
- USAID supported the MOH in organizing a Child Health Promotion Week for immunization and other health services, including the provision of commodities (vitamin A, retreatment kit, child health records, etc.) and an information campaign.

Guinea
- USAID oriented 293 people in IMCI at the community level (C-IMCI), developed training curriculum for community health workers, and trained 9 trainers and 162 community health workers in home-based management, care-seeking, and recognizing danger signs of fever, diarrhea, and acute respiratory infections. Communication materials were also tested and are now available to be used in future training.
- 91% of USAID-supported health centers in Upper Guinea provided child treatment care in accordance with the national protocol, surpassing the target.
- USAID successfully overcame obstacles that had reduced the availability of oral rehydration salts (ORS) in FY 2003 due to high inflation. As a result, in FY 2004 sales for ORS exceeded the targets set for this year, with 3,558,996 packets sold.

Liberia
- A USAID-supported project produced a 26-episode serial magazine radio show that addressed the prevention and treatment of malaria and diarrheal diseases and promoted safe motherhood and immunization.

Madagascar
- With USAID leadership, a committee began the development of a national child health policy to be finalized in December 2004.
- To make Sur'Eau, the social marketing clean water solution, more accessible (especially to rural populations), USAID developed and launched a new and improved smaller (150 mL) bottle. The new bottle is 57% less expensive than the previous version and thus reduces costs to the producer, retailers, and consumers.
- From October 2003 to August 2004, 529,009 bottles of Sur'Eau were sold, an increase of nearly 50% from sales in the first 6 months of 2003. Each bottle of solution is able to purify one year's supply of drinking water per person.
- In support for the Water, Sanitation, and Hygiene (WASH) Initiative, USAID worked closely with WATERAID to train regional WASH committees in 3 districts in the participatory hygiene and sanitation transformation approach.

Malawi
- Social marketing activities sold almost 1 million ORS packets, slightly below the FY 2003 sales of 1.1 million.
- In the northern region, prompt treatment for pneumonia increased from 27% to 64% of cases.
- World Relief, a USAID grantee, trained community advisers and district health staff to improve community level child health interventions. Community advisers identified more than 100 volunteers to help promote health messages and to establish a referral process.

Mozambique
- 911 MOH workers received training in IMCI, bringing the number of trained workers to more than 2,700. More than 5,000 community health agents and leaders received training in community IMCI and nearly 400 received ambulance bicycles. As a result, more than 8,600 children under age 5 and more than 2,800 pregnant women were transferred to health facilities for treatment.
- An IMCI database was established at the central level and in 7 provinces. IMCI indicators were defined and the monitoring process modified and decentralized.
- Newborn care and child HIV care components were included in IMCI strategy as a result of USAID funding. IMCI is part of the medical and health institution curricula.

Rwanda
- A USAID CS program supported the training of 1,780 community health workers to strengthen the link between health facility staff and community health workers, leading to a 9% increase in one year for health facility usage.

Senegal
- 348 out of 377 facilities in 21 health districts are implementing the IMCI program.
- The number of trained community health workers increased from 2,287 in 2003 to 4,045 in 2004.

Uganda
- USAID continues to provide support for partners to implement "Child Health Days" by supporting the development and production of quality communication materials to increase awareness of child health and social issues and enhance participation in communities and schools.

Zambia
- The most recent Child Health Week in July 2004 reached 92% of children 6 to 59 months old, substantially exceeding the target of 80%.

AFR-SD
- A grant to WHO/AFRO enabled 30 countries to include IMCI as an integral component of their national health strategies. Of these countries, 19 have implemented IMCI in more than 11 districts.

- More than 70% of health workers in 16 countries have been trained in IMCI.
- 16 countries have integrated IMCI into training at more than 60 pre-service schools.
- 20 countries have established child health working groups, 6 have completed national baseline situation analyses, and 3 have completed district-level analyses.
- 10 countries have completed C-IMCI plans in more than 5 districts, and 48 C-IMCI facilitators were trained.

Immunization

Angola
- The MOH vaccinated 5.5 million children against polio during national immunization days (NIDs).
- USAID supported 9,175 community volunteers working in 9 of 18 provinces to conduct 71,110 house-to-house visits for acute flaccid paralysis (AFP) surveillance. These visits identified 18,634 children missing vaccinations.

Djibouti
- USAID initiated coordination meetings with the MOH, UNICEF, WHO, and other partners to support the expected January 2005 national polio vaccination days.

DR Congo
- No new cases of wild poliovirus have been reported since 2000.
- A limited polio campaign organized in 13 health zones of North Equator from April to May resulted in 92.6% (phase 1) and 98.4% (phase 2).
- The October multi-antigen campaign for polio, measles, and tetanus immunizations and vitamin A supplementation in 169 health zones achieved 85% coverage for polio; 87% coverage for measles; and 96% coverage for tetanus.
- The number of AFP cases reported by the WHO surveillance system and classified as "compatible" by the National Committee of Polio Experts continued to decrease, from 324 cases in 2001 to 59 in 2002 to 11 in 2003 to 8 by September 2004.
- Coverage with diphtheria, pertussis, and tetanus vaccine (third dose) (DPT3) averages 61% at the national level and ranges between 63% and 84% in USAID-assisted zones.
- Measles vaccination coverage is about 62% countrywide and between 66% and 78% in USAID-assisted zones.

Eritrea
- The percentage of children 0 to 11 months old who received DPT3 in target zones remained steady at 82%.

Ethiopia
- 8.8 million children in hard-to-reach areas were immunized during the national measles campaign.
- Community-based health promoters initiative helped increase DPT3 coverage from 54% in 2002 to 74% in 2004 in the SNNP region.

Guinea
- USAID provided technical assistance to Guinea's vaccine logistics system. Measles coverage in Upper Guinea was 67.6%, slightly exceeding USAID's target.
- The threat of a resurgence of the poliovirus spreading from the Nigeria/Niger reservoir into West Africa raised concerns, and USAID responded with a polio vaccine campaign synchronized with neighboring countries and high-quality AFP surveillance. This multidonor initiative produced a polio immunization rate of 99%.

Liberia
- A grant to WHO/AFRO focused on polio surveillance and eradication. As of August, there were no confirmed cases of poliovirus, and polio indicators continued to meet WHO certification criteria for polio eradication.

Madagascar
- The 2004 measles campaign vaccinated 8.9 million children 9 months to 15 years of age.
- The 2003 DHS shows 61% of children under age 1 received DPT3 vaccines. USAID supports the Reach Each District campaign through training for MOHFP staff and community animators in 10 districts.

Mali
- USAID collaborated with the MOH on strengthening routine immunization activities and organizing NIDs for polio and measles. The October NIDs resulted in 100% coverage for polio immunizations nationwide for children under age 5.
- USAID organized immunization advocacy meetings with 115 key Muslim and traditional leaders from every national region and district. An immunization communication tool was disseminated to local advisers in 55 districts.

Mozambique
- The percentage of children fully immunized by age 1 increased from 25.6% in 2002 to 40.4% in 2004.
- In 6 target provinces, DPT3 coverage among children 12 to 23 months old increased from 44% in 2001 to 56.6% in 2004, exceeding the target of 55%.

Nigeria
- Despite stock-outs of DPT3 vaccine, there was 27% coverage in target areas, significantly higher than the national average of 20%.
- Previous gains in polio eradication experienced a setback in 2004, with the number of wild poliovirus cases exceeding 700. Nigerian states and other African countries that had been polio-free for up to 3 years were re-infected due to the suspension of immunization programs.

Rwanda
- At the government's request, USAID provided technical assistance to find ways to underwrite financing of the immunization program. To date, vaccine coverage rates in Rwanda have been a major success story, contributing in large measure to a reduction in the infant mortality rate (IMR) and progress toward the Millennium Declaration's Development Goal of reduced child mortality.
- USAID took the lead in establishing the donor/public-private steering committee, which is examining funding gaps for vaccines and looking for solutions that will preserve gains in immunization.

Senegal
- 90% of infants in USAID-assisted areas have received immunizations.
- The use of auto-disable syringes and safety boxes improved vaccination safety.

Sudan
- Through funding to UNICEF and WHO, USAID supported NIDs and assisted with surveillance in light of the emergence of polio cases in southern Sudan.

Tanzania
- National immunization coverage for measles and polio increased to more than 80% for the last 4 years.

Uganda
- With USAID support, DPT3 coverage for 2003-04 remained high at 83%, surpassing the 80% target.
- USAID supported the MOH mass measles campaign, also supported by WHO, UNICEF, and CDC. The campaign immunized 13 million children, and depending on age group, provided vitamin A and deworming tablets as well as tetanus immunizations for girls.
- USAID is working with Uganda National Expanded Immunization Program to improve the vaccine logistics system.

Zambia
- Technical assistance from USAID helped Zambia achieve complete immunization coverage of 73% for children 12 to 23 months of age.

AFR-SD
- USAID's grant to WHO/AFRO has enabled greater than 40% of sub-Saharan African countries to attain and sustain DPT3 coverage of 70%.
- A 2003-2004 resurgence of wild poliovirus transmission in Africa and an increase in the number of stricken children in the remaining polio-endemic countries, Nigeria and Niger, presented a significant challenge. As of November 17, 2004, 680 cases of polio were confirmed in Nigeria, compared to 241 cases in 2003. Niger accounted for 21 confirmed cases, compared to 17 in 2003. Moreover, there were 113 cases in 10 previously polio-free countries (Botswana, Benin, Burkina Faso, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Guinea, Mali, and Sudan). With USAID support, supplementary campaigns were conducted in countries not previously targeted for campaigns, and this resulted in fewer cases than expected earlier in the year.
- USAID funding enabled more campaigns to be conducted in Nigeria, thereby mitigating an increase in cases during the high transmission season for polio.

WARP
- AWARE-RH provided funding for Mauritania's polio immunization campaign.

Nutrition

Angola
- USAID worked with the World Food Program (WFP) to provide supplements to malnourished children and a school feeding program in rural schools and marginalized communities.

Burundi
- Through Food for Peace contributions to the WFP, USAID assisted the recuperation of 37,000 moderately and severely malnourished children and women per month. The average recovery rate was more than 85% and the mortality rate less than 5%.

DR Congo
- With USAID assistance, non-polio related national distribution of vitamin A reached 77.7%, up from 74.7% in 2003. The national target was 80%.

Ethiopia
- The MOH adopted national infant and child feeding guidelines, and USAID provided technical assistance that led to a draft national nutrition strategy.
- More than 13 million children received vitamin A supplements during the national measles campaign.
- National training and reference materials for vitamin A programs were developed for health workers.

Ghana
- A comparison of the 1998 and 2003 DHS findings showed the percentage of children who were breastfed within one hour of birth increased from 30% to 54% in the Northern region, from 19% to 86% in the Upper West region, and from 7% to 18% in the Upper East region.

Guinea
- 99% of children 6 to 59 months old, representing about 20% of the total population of Guinean children under age 5, received a dose of vitamin A during 2 nationwide distribution campaigns.

- By introducing vegetable gardening and farming, linking agricultural productivity to household nutrition, and improving storage techniques, seeds, and tools, food security in USAID-targeted districts improved from an average of 4 to 6 months, directly benefiting 3,358 people. As a result, malnutrition rates declined from a baseline of 20.7% in 2001 to 12.3% in 2004.

Liberia
- The ICH project formed and trained mother support groups in breastfeeding education.
- A USAID-supported project helped develop and broadcast 29 15-minute radio dramas on breastfeeding and infant nutrition on 11 radio stations reaching 37% of surveyed mothers of children under 5 years of age.

Madagascar
- USAID was instrumental in developing the national nutrition policy adopted into law.
- USAID expanded its community nutrition and essential nutrition actions to 2 new provinces, reaching an additional 7 million people with important nutrition messages and providing training to 345 health agents and 576 community agents.
- Madagascar's famous diva Poopy, the ambassador for breastfeeding, recorded 5 songs and organized more than 50 concerts reaching hundreds of thousands of people.
- USAID supported semi-annual mass distribution of vitamin A, achieving 88% coverage among children under 5 years of age. For the first time, the campaign included women who had given birth during the previous 8 weeks.
- P.L. 480 partners adopted the Positive Deviance/HEARTH Model that links nutrition education directly with access to food resources and health services. Since March 2004, more than 75% of the participating children (ages 6 to 36 months) attained the desired weight-for-age. The intervention created 246 model households and rehabilitated 1,476 children.
- On the food-insecure East Coast, P.L. 480 partners implemented HEARTH in 20 rural communities and trained women's groups to conduct cooking demonstrations, recipe contests, and nutrition education sessions for households participating in Food for Work activities. Nutrition education sessions reached 10,068 Food for Work participants.

Malawi
- In the southern region, Catholic Relief Services (CRS) trained 170 growth-monitoring volunteers in 61 growth-monitoring centers.

Mali
- USAID supported 2 nationwide vitamin A intensification weeks. The first activity achieved 97.5% coverage of children 6 to 59 months old and the second 95.9% coverage. The national vitamin A supplementation program produced and disseminated IEC materials and planned routine supplementation activities.

Mozambique
- In 6 target provinces, the number of children receiving 2 doses of vitamin A supplementation increased from 40% in 2002 to 50% in 2004.
- The mission supported the introduction of nutritious food crops and nutrition messages with information on hygiene, sanitation, and HIV/AIDS prevention.
- Exclusive breastfeeding rates for 0- to 4-month-old children rose from 23% in 2001 to 37.1% in 2004.
- Mission-supported technical assistance led to the development of a draft national policy for infant feeding, PMTCT, and linking different MOH departments.
- An advocacy campaign was launched to attract the attention of policymakers to the malnutrition challenges facing the country.
- A strategic component of the national nutrition policy was developed and presented for ministerial approval.

Nigeria
- USAID supported breastfeeding programs in 20 local government areas in 3 states, targeting approximately 1.4 million children under age 5. The proportion of mothers exclusively breastfeeding their children increased from 18% at baseline in 2001 to 33% in 2003.

Rwanda
- In a USAID CS program in an area with chronic food insecurity, the proportion of children with normal weight-for-age increased from 60% in 1998 to 82% by the end of 2003.
- The proportion of women and children receiving vitamin A rose from 59.7% to 90%.

Tanzania
- NIDs and sub-national measles immunization days included vitamin A supplementation and appeared to reach more than 80% coverage.

Zambia
- With USAID support to the vitamin A supplementation program, a national vitamin A survey in 2004 showed a reduction of more than 50% in severe vitamin A deficiency among children during the past 6 years. Only 5% of children surveyed had vitamin A deficiency in 2003, down from 12% in 1997.
- Anemia in children 6 to 59 months old decreased from 65% in 1998 to 53% in 2003.

AFR-SD
- 75 South African NGO health providers were trained in maternal nutrition and infant and young child feeding, as well as the complications posed by HIV infection.
- Through the West Africa Regional Focal Points Network, 144 program managers and nutritionists from 66 national and international NGOs in Senegal, Mali, and Burkina Faso were introduced to essential nutrition action tools and approaches.

4. Improve maternal health and nutrition

USAID promotes safe motherhood and family health through support of quality antenatal, delivery, and postpartum services, including emergency obstetric care and lifesaving skills. Important interventions in support of maternal and neonatal health include training of health care providers to expand and improve the quality of maternal health services and working with governments to adopt improved policies, norms, and protocols.

The following maternal and neonatal health results were reported in Africa FY 2005 Annual Reports:

Angola

- 296 service providers received training to improve their capacity to deliver quality prenatal, delivery, and postpartum services; supervision; and infection control.
- 218 service providers received in-service training in maternal health care.
- The volume of clients using maternal health services increased by 41% in target areas.
- USAID worked with the MOH to update its manuals in prenatal care, delivery and postpartum care, and infection prevention.

Benin

- The Directorate of Family Health continued to receive assistance from USAID for a pilot activity to treat postpartum hemorrhage. 77 health providers received training in treatment procedures. The approach to postpartum hemorrhage treatment was integrated into national family health policies, norms, and protocols.

Eritrea

- USAID sponsored training for 294 nurses and associate nurses and was able to ensure that more than 80% of health facilities have at least one staff person trained in lifesaving skills.

Ethiopia

- 20 new private clinics offering RH/FP and MCH services opened.
- Community health committees in rural areas trained health agents and traditional birth attendants (TBAs) to increase awareness of health, nutrition, hygiene, HIV/AIDS, diarrheal disease, and environmental sanitation.
- 362 TBAs and former female circumcisers received community-based RH training.

Ghana

- The 2003 DHS reported that 90% of mothers reported seeing a health professional at least once for antenatal care (ANC), 85% of pregnant woman received tetanus toxoid injections to prevent neonatal tetanus, and 79% received iron tablets during pregnancy to prevent anemia. There was a small increase (from 44% to 47%) in women delivering with the help of a trained professional.
- The Health SO supported a performance improvement program for safe motherhood through which nurse-midwives in 6 regions improved their skills in ANC, normal delivery, post-abortion care (PAC), and lifesaving procedures. The program effectively used regional training, support teams for supervision, and on-the-job training. Performance of primary health providers improved through a systematic process of identifying and implementing performance-strengthening interventions.

Guinea

- 95% of health centers in Upper Guinea treated prenatal care in accordance with national protocol. The percentage of pregnant women who received at least 3 prenatal care visits increased from 39% in FY 2003 to 61.3% in FY 2004.
- Encouraging results from a pilot postpartum vitamin A distribution program implemented by USAID and its P.L. 480 initiative showed strong acceptance by women of positive maternal health practices in 3 prefectures (77% in Kankan; 83% in Faranah; 73% in Dinguiraye), leading USAID to believe that future scale-up will be successful.
- USAID trained 108 TBAs in 3 targeted prefectures in Upper Guinea, up from 88 in FY 2003.

Liberia

- Equipment for prenatal, intrapartum, and emergency obstetrical care were distributed to 2 Ministry of Health (MOH) Clinics in Bong County and 3 MOH clinics in Montserrado County.

Mali

- As part of a pilot project, providers received training in preventing postpartum hemorrhage through active management of third stage of labor, and a significant drop in postpartum hemorrhage resulted. Recommendations from the activity were integrated into the national policy, norms, and procedures for reproductive health.

Mozambique

- 66.5% of women received 2 tetanus toxoid immunizations before giving birth, and 54.4% of births were attended by a trained health professional in a health facility.
- To reduce maternal mortality and improve emergency obstetric care, 21 supervisory nurses received training in biosafety and infection control.
- The MOH used an evaluation of a pilot intervention on postpartum vitamin A supplementation in one province to design a similar intervention nationwide.
- Mission-supported technical assistance led to the development of a draft national policy for infant feeding, PMTCT, and linking different MOH departments.

Rwanda
- Women receiving at least 2 tetanus and typhoid immunizations during pregnancy increased from 14% to 39% in USAID target areas.
- Significant achievements at the national level occurred for safe motherhood, with USAID funds supporting the development of national maternal health norms and standards, protocols, and guidelines. Following the completion of this package, USAID helped the MOH develop a complete package of national safe motherhood in-service training materials, including modules for facilitators and participants.
- A national course in pedagogical skills produced a cadre of national FP and safe motherhood trainers, who updated their training in clinical skills using the national safe motherhood modules developed with USAID technical assistance.
- 76 health sites in 4 districts received equipment, supplies, and RH reference materials on ANC, FP, and safe motherhood.

Senegal
- More than 300 health care providers in 21 districts are now prepared to manage obstetric emergencies and provide ANC.
- An estimated 86% of births occurred in health facilities assisted by trained medical professionals, up from 77% in 2003.
- USAID developed a teacher training curriculum in collaboration with the MOH to ensure that teachers know how to prevent maternal mortality, STIs, and HIV/AIDS.

Tanzania
- The Access to Clinical and Community Maternal, Neonatal and Women's Health Services (ACQUIRE) project initiated its work to support facility-based RH/FP.

Uganda
- The proportion of mothers delivering in health facilities improved from 20.3% in 2002-03 to 24.4% in 2003-04.
- USAID supported provider training in emergency obstetric care in selected districts.

Zambia
- The percentage of women delivering with a skilled attendant increased from 43% to 60%.
- A maternity counseling kit was finalized and is now ready for national distribution.
- Partners worked to strengthen integration of maternal health services and PMTCT.

AFR-SD
- AFR-SD and WHO/AFRO strengthened the capacity of 8 institutions in Benin, Chad, Mali, and Niger to conduct operations research in maternal and newborn health.
- WHO/AFRO prepared a road map for improving maternal and newborn health, which has been adopted by the African Union and African ministers of health. 16 countries have begun implementing this road map.
- Following a presentation of the REDUCE/ALIVE advocacy tool for maternal and newborn health to the Ethiopian parliament, the Prime Minister instructed the Ministry of Health to include maternal health in the priority areas for the Millennium Development Goals. An Amharic version of this advocacy tool was introduced at the community level in Ethiopia.
- WHO/AFRO developed and disseminated "Maternal and Newborn Health: Framework on the Promotion and Implementation of Community-Based Interventions." Promotion of this community approach resulted in national action plans for integrating emergency and birth preparedness into safe motherhood programs in Ethiopia, Kenya, Mozambique, Nigeria, Tanzania, Uganda, and Zimbabwe.

5. Reduce unintended pregnancy and improve healthy reproductive behavior

USAID has identified three objectives for focused support in the RH area in Africa:

- Increasing the use by women and men of voluntary practices that contribute to reduced fertility
- Reducing unintended pregnancies and promoting MCH
- Stabilizing population growth

USAID focuses on developing policies and strategies for addressing underserved populations (adolescents and males); improving urban family planning services; integrating STI/HIV/AIDS prevention with programs in FP and MCH; empowering women; strengthening African regional and national capacity to plan, manage, and implement FP programs; conducting innovative advocacy for increased support of extended FP programs; and improving coordination among FP partners.

The following RH results were reported in Africa FY 2005 Annual Reports:

Angola
- Within 6 months, the FP pilot project, operating in 14 health centers, had 14,505 new users of FP methods, of which more than 50% were using a natural method.
- During FY 2004, all 14 centers under the FP program were renovated.
- 97 nurses received retraining in FP, BCC, and infection control; 15 MOH personnel received training in supervision; 470 TBAs received training in FP, prenatal care, immunization, and nutrition; and 170 community leaders were sensitized.
- USAID worked with the MOH in preparing a draft national FP strategy to be presented at a national conference early in 2005.

- 356 IEC activities, including theater, radio messages, and community talks, discussed birth spacing.
- Because child spacing decisions rest with Angolan men, USAID's reproductive health education programs emphasize reaching males through awareness campaigns targeting male-dominated groups, e.g., police, army, fire department and political parties.

Benin
- Sales targets for social marketing oral and injectable contraceptives and condoms were exceeded.
- The proportion of villages in target health zones served by community-based agents offering a minimum packet of family health products and services (including condoms, spermicides, and counseling services) increased from 15% in 2003 to 30% in 2004.
- In the Borgou-Alibori region, the number of couples protected from unplanned pregnancies via the use of modern contraceptives rose from 3,793 in 1999 to 7,122 in 2004.

DR Congo
- In an effort to increase access, USAID added FP services to 344 new rural clinics, bringing the number of service locations to 431 clinics and 95 pharmacies throughout the country serving a target population of 1.21 million women of reproductive age.
- USAID added the Standard Days Method to its method mix.
- To ensure quality, more than 400 rural and urban clinicians were trained in FP technology, contraceptive security, and/or BCC.
- To increase demand, USAID activities included BCC training for community mobilizers and members of organizations that represent key social USAID-financed networks.
- USAID began pilot FP activities in rural health zones and urban areas in FY 2003. In FY 2004, these activities were scaled up moderately in areas where USAID was already supporting primary health care.
- USAID key family planning partners use men as well as women as community mobilizers to reach the husbands whose signatures are needed in order for their wives to obtain contraceptives.
- USAID hosted a Maximizing Access and Quality conference in December 2004 for all of its partners' supervisors focusing on male involvement. Each partner will develop plans on how men can be better targeted with behavior change initiatives.

Eritrea
- USAID supported training in PAC and FP to more than 290 nurses and associate nurses.
- The number of couple-years of protection (CYP) increased by 25% over FY 2003, although they did not meet the FY 2004 target.

Ethiopia
- 20 new private clinics offering RH, FP, and MCH services opened.
- According to a study conducted in the Oromia; Amhara; Tigray; and SNNP regions, contraceptive prevalence for all methods reached 21% and for modern methods 18.3%; 47% of those using contraceptives were new users.
- More than 1,200 health workers received training in contraceptive logistics management.
- 144 community-based RH agents are linked to social marketing programs.
- 362 TBAs and former female circumcisers received community-based RH training.
- Behavior change messages on FP, HIV prevention and the elimination of female genital cutting (FGC) reached 6.7 million people, more than 200% of the target population.
- FP and PAC training improved institutional and trainer competencies; in turn, 140 trainers and 4,000 clinical providers received training in Norplant insertion and removal.
- PAC services reached 4,825 women.
- Regional health offices in 5 regions received orientation in logistics management.
- USAID helped prepare a national contraceptive forecast for the MOH to be used in a series of dialogues on implementing population policy.

Ghana
- Modern contraceptive use increased from 13% to 19% of all currently married women in the last 5 years.
- USAID invested in several behavior change strategies including health education at the community level; outreach to churches and mosques; and peer education to women's associations (e.g., hairdressers and tailors).
- The USAID-supported "Life Choices" campaign repositioned FP from a health issue to a personal life and family goal issue. The 2003 DHS stated that the campaign "contributed significantly to the increased use of modern methods."
- Key operational objectives for the expansion of long-term and permanent methods (LTPM) of FP methods were met and exceeded.
- Technical assistance included training and/or follow-up for 326 doctor/nurse teams in female sterilization and Norplant; for 441 nurses in Norplant insertion; and for 2,758 nurses in comprehensive RH counseling.
- Ghanaian couples now have access to a full array of contraceptive methods, with 259 health facilities offering services. 26,413 women received female sterilization and 65,082 women received Norplant implants over the course of the program.
- 47% of contraceptive users now use a LTPM, up from 41% in 2000.
- Contraceptive security continued to receive high-level attention from the Ghana Health Service of the MOH, with lobbying and technical support from USAID. A contracep-

tive security strategy was developed, and several activities to increase revenues are underway.
- The private sector assisted with contraceptive procurement costs - $456,000 of private sector revenues generated from USAID-donated commodities procured additional contraceptives for the country's needs.
- USAID continued to support training for integrated supply chain management, including FP commodities; helped establish contraceptive need estimates and shipment scheduling; and contributed approximately $3.8 million for contraceptive commodities, roughly half of current financing needs.

Guinea
- By the end of FY 2004 a newly initiated FGC project had conducted health-related awareness-raising sessions in 60 villages and had reached 1,291 men and 2,458 women who are now sharing enlightened information on FGC with their communities.
- A PAC program was extended into 3 more prefectural hospitals, bringing the number of sites in Upper Guinea to 10. Out of 1,001 women benefiting from PAC, 82% accepted FP services.
- 100% of all targeted health centers in Upper Guinea continue to provide FP and STI/HIV/AIDS prevention products and services as a result of training and the strengthened drug logistics system.
- USAID made a breakthrough in the "demedicalization" of oral contraceptives after several years of negotiation with the MOH. The government issued a national policy allowing the distribution of oral contraceptives through the community-based distribution (CBD) network. Currently, more than 600 CBD agents in Upper Guinea are providing FP and other health services. Because of this new policy, CBD agents can now provide oral contraceptives to first-time clients who previously had to travel to distant health centers to obtain FP products and services.
- USAID surpassed its target and oriented 3,542 community leaders in RH and FP use. The new community volunteer initiative "Relayers" was introduced, adding 1,132 volunteers (an estimated 60% of whom are men) to the existing network of CBD and peer educators to help create demand for FP/STI/HIV products and services.
- 20 new sites (9 prefectoral hospitals and 11 health centers) in Upper Guinea integrated LTPM services such as intrauterine devices (IUDs) and minilaparatomy (voluntary sterilization), covering 100% of prefectoral hospitals in USAID zones.
- USAID trained 32 service providers in LTPM, bringing the number of trained service providers in Upper Guinea to 41. The trainees are now able to effectively provide these services. 334 new clients were reported using LTPM.
- 51 private sector pharmacists in Conakry received training in contraceptive technology and counseling techniques.
- Health center staff in Upper Guinea received refresher training and formative supervision in RH. As a result, 94% of the consultations in USAID-supported health centers complied with national norms and procedures for RH services, exceeding the target.

Kenya
- Social marketing condom sales targeting those who are already sexually active increased by more than 35% over FY 2003 to almost 27 million, meeting the target.
- AMKENI, USAID's large RH service delivery program, contributed to an increase in contraceptive use and a switch to more sustainable cost-effective methods in the areas it serves.
- USAID's RH project reported increases in the number of FP clients at the 96 health facilities it supports.

Liberia
- Health workers were trained to teach the lactational amenorrhea contraception techniques to mothers visiting health facilities of the ICH project.
- USAID provided 85% of the commodities used to support Liberia's RH program and to fight STI/HIV/AIDS. USAID supplied more than 4 million condoms and other contraceptive devices, including 76,000 Depo-Provera injections, 201,000 Ovrette pill cycles, and 667,000 Lo-Femenal pill cycles.
- USAID provided 88,832 CYP through commodities donated to the United Nations Population Fund. (UNFPA).

Madagascar
- USAID led the government and other stakeholders through an analysis of contraceptive security and an outline of strategies to increase demand for FP services. The planning exercise emphasized use of contraceptive financing to strengthen procurement and logistics management systems. As a direct result, the government changed the name of the Ministry of Health to the Ministry of Health and Family Planning and made an initial procurement of $500,000 of contraceptives with World Bank loan funds.
- The total fertility rate (TFR) decreased from 6.1 in 1992 to 5.2 in 2003-2004. The contraceptive prevalence rate (CPR) among women in union increased from 10% in 1997 to 18% in 2003.
- PSI sold 1,171,678 cycles of oral contraceptives and 416,964 doses of injectable contraceptives, an increase of more than 20% from FY 2003.

Malawi
- The RH program achieved 698,627 CYP and a more consistent supply of contraceptives.
- Drug stock-outs within a 3-month period dropped from 58% to 24%.
- USAID, the MOH, and the Christian Health Association of Malawi improved the quality of care and environmental safety in major health facilities, resulting in quality assurance certification and recognition of 2 FBOs and one government hospital.

Mali
- 143 master trainers received counseling and contraceptive technology training.
- All community health centers in target areas received initial stocks of contraceptive supplies.
- USAID and the MOH collaborated on plans for a national FP campaign to occur during 2005.
- Technical support was provided to the MOH for the development of legal texts as part of the process to apply the national Reproductive Health Law of 2002.
- As a Maximizing Access and Quality of Care (MAQ) focus country, USAID is helping the MOH expand IUD services.
- USAID supported the High Islamic Council of Mali to adapt the RAPID model of FP advocacy to include teaching and sayings from the Qu'ran supporting birth spacing and FP.

Mozambique
- In 6 target provinces, contraceptive prevalence rose from 9.2% in 2001 to 12.9% in 2004.
- Partnerships with 736 FP community distributors were strengthened. Community members received training in community participation.
- In Zambezia and Nampula provinces, RH staff received training in interpersonal communication and counseling. In Zambezia province, 175 nurse midwives received training in FP and contraceptive logistics.
- USAID funded technical assistance to develop a new FP policy, pending ministerial approval.
- The contraceptive logistics system was integrated into an overall health logistics management system. The logistics management procedures manual was also updated and improved. Training was provided nationwide to ensure sustainability of the system.
- 33 MOH RH staff received training in supervising the integration of FP and PMTCT program activities. A national campaign was launched to promote optimal birth spacing and FP counseling integration with PMTCT services.
- USAID central funding supported the design of FP/child spacing policy.

Nigeria
- The number of USAID-supported service sites for voluntary FP increased from 56 in 1999 to 412 in 2004.
- CYP provided through service sites more than doubled over the life of the SO, from just over 900,000 in 1999 to nearly 1.9 million in 2004. Stock-outs were totally eliminated.

Rwanda
- In response to high maternal mortality, USAID initiated interventions to improve the quality of RH care.
- USAID's FP/RH interventions increased methods available nationwide and increased coverage levels of FP and RH services in the 7 targeted USAID-supported districts. As a result, more facilities are offering a full range of RH services every day.
- District-level CPR, less than 1.5% in 2001 in all 7 districts, reached levels as high as 12.6% in 2004.
- Standards of privacy and complete information sharing were well entrenched in service delivery practices.
- 76 health sites in 4 districts received equipment, supplies, and RH reference materials on antenatal care, FP, and safe motherhood.
- An IEC/BCC FP training module was developed to accompany the national FP IEC materials. The MOH and other key donors, including UNFPA, German Aid (GTZ), and WHO, were engaged in a stakeholder process to develop the materials.

Senegal
- Nationwide contraceptive use as measured by CYP fell 2.5% from 2003.
- The SECURIL oral contraceptive social marketing campaign sold 57,396 cycles, a 33% increase.
- 20 health centers now offer 24-hour emergency PAC and the number of PAC clients who received contraception following treatment more than doubled in a 6-month period.

South Africa
- The USAID-funded Men as Partners program is designed to challenge traditional male gender roles to reduce gender-based violence, to increase reproductive health responsibility, and to boost male involvement in HIV prevention. The program is now being implemented through a network of 50 local organizations and NGOs.

Tanzania
- Survey results indicate that the CPR increased 24%, from 15.6% in 1999 to 19.4% in late 2003, and exceeded the 18% CPR target set the previous year.

Uganda
- USAID supported provider LTPM training in selected districts.
- USAID supported the contraceptive procurement and strengthening of logistics systems for contraceptive security by supporting district-level RH/FP planning and budgeting.
- USAID supported a pilot effort to integrate FP within PMTCT sites.
- USAID supported communication and advocacy strategy development and activity implementation.
- Sales of oral contraceptives and injectables increased by 81% and 56%, respectively, in FY 2004.
- CYP increased from 261,870 in 2003 to 375,021 in 2004.
- USAID is supporting a new national youth campaign to reach and engage young people and motivate them to adopt healthy practices.

Zambia
- PAC services are now available in 7 of 9 provinces. The number of districts providing PAC, including FP counseling, increased by 50%.

- 66% of the 8,000 PAC clients seen in FY 2004 started a modern FP method after receiving counseling, compared with 60% in 2003.
- Clinicians in 8 rural districts received IUD insertion training and have been providing services through mobile clinics.
- Social marketing oral contraceptive sales increased by 2.3% to reach the 712,500 target.
- The Pharmacy and Poisons Control Board approved and registered Depo Provera. USAID is procuring an initial supply of Depo Provera for the public sector.

Zimbabwe

- A condom/contraceptive logistics management and distribution activity was implemented. As a result, reported incidences of stock-outs at facilities declined from 40% to less than 5%.
- Hormonal contraceptive sales increased to 133,000 CYP this year (exceeding target by 11%).

AFR-SD

- USAID and WHO/AFRO formed a new framework for repositioning FP.
- The Forum for African Women Educationalists designed a training protocol on the eradication of FGC, and trained 200 teachers in Senegal, 28 trainers and 74 teachers in Zimbabwe, and 40 teachers in Mozambique.
- AFR-SD supports expanding FP/RH coverage through a network of 26 newspaper and radio editors and journalists from 5 southern and eastern African countries. Through these outlets, 157 fact-based articles and broadcasts were produced for a total of 681 since 1997.
- Results of quantitative and policy analysis by a USAID-supported African population research center showed that while progress in adolescent RH in the Sahel has been made, this still only represents a slight advance. Likewise, while approval of FP is high, use remains low but increasing.
- YouthNet organized a regional workshop to draft an action plan to address key adolescent RH issues in 5 countries.
- Africa Alive! carried out community-level adolescent RH activities in 3 coutries. Activities conveyed RH messages through entertainment and peer education.
- In Kenya, Africa Alive! worked with the National Council of Churches in Kenya to introduce life skills and RH education through puppetry, reaching 26,000 youth.
- In Uganda, Africa Alive! trained 64 artists in BCC and 23 youth in peer education.

REDSO/ESA

- In Kenya, South Africa, and Zimbabwe, a macro-level assessment was carried out evaluating the impact of the HIV/AIDS epidemic on the provision and demand for reproductive health services. Country steering committees were created with representation from professional associations, religious leaders, policy and program managers, NGOs, and other cooperating agencies.
- USAID and partners launched the Implementing Best Practices Initiative. More than 230 participants from 13 countries met to address FP-related issues and drafted 13 work plans incorporating recommendations.

WARP

- AWARE-RH disseminated 40 best practices, substantially exceeding the FY 2004 target of 10, in franchising community-based distribution of contraceptives.
- AWARE-RH worked through religious leaders to involve men and used satisfied clients to promote long-term FP methods.
- AWARE-RH has initiated a repositioning FP initiative focused on ensuring that policymakers see the link between unwanted fertility, the health and well being of women and children, and the future of the nation's development. This relationship will be the focus of a workshop on repositioning FP and follow up activities in 4 countries in the region.
- AWARE-RH led efforts on health commodity security: in Cameroon and Togo, staff received training to estimate contraceptive needs; in Burkina Faso, Cameroon, and Togo, assistance was provided in using the Strategic Pathway to Reproductive Health Commodity Security tool.
- AWARE-RH partners sponsored commodity security training for participants from 7 countries.
- As a result of AWARE's efforts, Burkina Faso, Cameroon, and Togo have included line items for contraceptives in their national budgets.

Annex

Areas of Mission Health Programs (as submitted in ARs FY 2005)

		Maternal Health	Child Survival	Family Planning	HIV/AIDS	Infectious Diseases
Missions	Angola	✓	✓	✓	✓	✓
	Benin	✓	✓	✓	✓	✓
	Burundi*	–	✓	–	✓	✓
	DR Congo	–	✓	✓	✓	✓
	Djibouti	✓	✓	–	✓	–
	Eritrea	✓	✓	✓	✓	✓
	Ethiopia	✓	✓	✓	✓	✓
	Ghana	✓	✓	✓	✓	✓
	Guinea	✓	✓	✓	✓	✓
	Kenya	–	✓	✓	✓	✓
	Liberia	✓	✓	✓	✓	✓
	Madagascar	–	✓	✓	✓	✓
	Malawi	–	✓	✓	✓	✓
	Mali	✓	✓	✓	✓	✓
	Mozambique	✓	✓	✓	✓	✓
	Namibia	–	–	–	✓	–
	Nigeria	–	✓	✓	✓	✓
	Rwanda	✓	✓	✓	✓	✓
	Senegal	✓	✓	✓	✓	✓
	Sierra Leone	–	–	–	–	–
	South Africa	✓	✓	–	✓	✓
	Sudan	–	✓	–	✓	✓
	Tanzania	✓	✓	✓	✓	✓
	Uganda	✓	✓	✓	✓	✓
	Zambia	✓	✓	✓	✓	✓
	Zimbabwe	–	–	✓	✓	–
# Missions With Each Activity	**27 Missions**	**16**	**23**	**20**	**25**	**22**
Regional Programs	AFR/SD	✓	✓	✓	✓	✓
	REDSO/ESA	–	✓	✓	✓	✓
	RHAP	–	–	–	✓	–
	WARP	✓	✓	✓	✓	✓
# Programs With Each Activity	**4 Reg. Programs**	**2**	**3**	**3**	**4**	**3**
Total Missions and Regional Programs	**31**	**18**	**26**	**23**	**29**	**25**

*Burundi programs are currently administered through REDSO/ESA.

Key Notes from Annual Report Review

Strategic Objective	Comments
Angola 654-007: Increased Use of Maternal/Child Health and HIV/AIDS Services and/or Products and Improved Health Practices	USAID/W recognizes the modest but promising achievements in the past year. USAID/W commends the mission's work on and achievements in polio, maternal health quality of care, and public-private partnerships. USAID/W recognizes that Angola is at the beginning of the transition from humanitarian to development assistance and recognizes the challenges posed by that environment. **Challenges:** Transition from humanitarian response to development; corruption; need to mobilize, coordinate, and advocate among the many donors; decimated infrastructure; human capacity; rapid population growth
Benin 680-002: Increased Use of Family Health Services and Preventive Measures in a Supportive Policy Environment	The review team felt that the annual report was well composed and agrees with the mission that they met or exceeded performance expectations. However, the team felt that additional program details and reporting of results at the health impact level would more powerfully describe the programs' successes. **Challenges:** Stock-outs of ITNs and family planning commodities; jeopardized government funding for health care; rise in inflation coupled with the decreased purchasing power of the U.S. dollar
Burundi 695-008: Access to Basic Services Increased	USAID/W acknowledges the mission's achievements in Burundi and agrees with their overall assessment that in FY 2004 program results were solid despite considerable constraints including conflict, limited funding, and limited staff. **Challenges:** Poor donor relations and coordination for development assistance; ongoing security concerns; lack of HIV/AIDS funding for Burundi; lack of any government funding for all basic services, which might jeopardize sustainability
DR Congo 660-002: Use of Key Health Services Both in USAID-Supported Health Zones and at the National Level Increased	USAID/W recognizes the successes achieved in DRC. The reviewers appreciated the straightforward reporting by the mission, and agree that many, though not all, targets have been met. USAID/W commends the mission's work and the achievements noted by the mission of the field support activities. **Challenges:** Lack of available data due to inaccessibility across the country; transition from conflict to post-conflict; discrepancy in funding between zones supported by OFDA and those supported by development assistance; ill-equipped and strained clinics and hospitals; access to health services affected by a significant percentage of the costs of health care being passed onto the patients or their families
Djibouti 603-002: Expanded Coverage of Essential Health Services	The team agrees that the mission has made good progress in such a short time and initiatives are moving forward at a rapid pace. **Challenges:** Large refugee populations; sustainability of progress in health programs given unknown future funding; limited government capacity and lack of transparency; limited health care personnel capacity and weak infrastructure; chronic food insecurity; high cost of doing business because everything is imported and government revenue is dependent upon shipping taxes; poor health status of population and persistent poverty
Eritrea 661-001: Increased Use of Primary Health Care Services by Eritreans 661-004: Use of Priority Primary Health and HIV/AIDS Services Increased and Practices Improved	The review team agrees that the overall performance is excellent and with the mission that they have met or exceeded most of their targets. The review team would particularly like to commend the mission for the increase in child health and achievements in malaria. The mission is be commended for meeting or exceeding the SO 1 and SO 4 targets. **Challenges:** Lack of progress in maternal health; stagnant CYP; apparently inadequate budget to significantly address FP/RH challenges; government focus on defense meaning health is not a top priority

Strategic Objective	Comments
Ethiopia 663-008: Improved Family Health 663-014: Human Capacity and Social Resiliency Increased	The review team recognizes that the program had a difficult year with famine, staff shortage, many visitors, PEPFAR, a very challenging country situation and program delays. The mission met 85% to 90% of its immunization targets because program expansion under the new SO was delayed in 2 regions. The continuing program areas exceeded the target (58% target vs. 74% actual). The team anticipated more meaningful program results and trend data given this was the last year of SO 8. **Challenges:** Burden of high-level official visits; slow development of economic and agriculture activities; famine, drought, and chronic malnutrition; persistent poverty; declining capacity of the public health system; vertical health programs and multiple systems to address similar health issues causing inefficiencies in the health sector; resource requirements of HIV programs
Ghana 641-003: Improved Family Health 641-007: Health Status Improved	USAID/W recognizes the successes achieved in Ghana and agrees with the mission's assessment that most of their targets for FY 2004 have been met. The results indicate that USAID's interventions were appropriate and largely successful. USAID/W also commends the transparency in reporting on the targets that have been met and not met. **Challenges:** Addressing HIV/AIDS funding gap, given no Global Fund support; reducing HIV/AIDS in the midst of growth in tourism; rising CPR with no change in fertility; constant U5MR; maintaining high coverage for the childhood vaccine-preventable diseases and to completely eliminate polio; large gap in funding of HIV prevention activities; mission's ability to participate in the Multidonor Budgetary Support group only as an observer
Guinea 675-002: Increased Use of Essential Family Planning, Maternal and Child Health, and STI/HIV/AIDS Services, Products, and Practices	USAID/W agrees with the assessment that the mission did not meet all its targets, but commends the mission in placing all efforts in moving towards the right direction and in providing detailed explanation of why they were unable to reach the targets. USAID/W acknowledges that the mission is also actively addressing the challenges faced and is looking forward to a period of growth and stability. USAID/W also notes that no recent indicators are available and CAs are reporting on anecdotal evidence. However, with the new DHS, USAID/W anticipates that the results will show marked improvement in all areas since 1999. **Challenges:** Inflation; corruption; suspension of donor funds; lack of adequate essential drug supplies in the national pharmacy; drug supply stock-outs due to limited government funds; inability of certain health centers to recover their funds; lack of MOH support; political and economic difficulties; threat of a resurgence of poliovirus
Kenya 615-003: Reduce Fertility and the Risk of HIV/AIDS Transmission Through Sustainable, Integrated Family Planning and Health Services	USAID/W agrees with the mission's assessment that the established performance indicators and targets have been met. USAID/W particularly commends the mission's successful implementation of PEPFAR, where they have made great strides and they ought to have given themselves more credit. **Challenges:** Commodities procurement; decline in FP/RH funding and increased TFR; balancing PEPFAR and other health areas; meeting ART requirement; centrally funded programs and PEPFAR; political environment and corruption, which impact the mission's activities, especially in the procurement of drugs and other health supplies; the social challenge of a very high number of orphans and vulnerable children
Liberia 669-003: Increased Use of Essential Primary Health Care (PHC) Services Through Civil Society	USAID/W agrees with the mission's assessment that targets were not met, but recognizes that this is expected due to unavoidable factors that severely disrupted the start-up of activities. USAID/W recognizes that Liberia is at the very beginning of the transition from humanitarian to development assistance and recognizes the challenges posed by that environment. **Challenges:** Transition from humanitarian response to development; destruction of health facilities; severe shortage of qualified staff; ongoing instability; lack of commodities as both a short-term and a long-term challenge; potential for rapid increases in HIV prevalence due to return of ex-combatants and migrants; prevalence of commercial sex surrounding peace-keeping activities; problems with PVO grants

Strategic Objective	Comments
Madagascar 687-002: Smaller, Healthier Families 687-005: Use of Selected Health Services and Products Increased and Practices Improved	USAID/W recognizes the successes achieved and agrees with the mission's assessment that targets for FY 2004 were met or exceeded. The 2003 DHS documents a number of dramatic improvements, and data from the USAID focus districts demonstrates even greater improvement. USAID/W commends the mission on achieving excellent results through people-centered innovation, advocacy, and creating strong operational partnerships with GOM and other donors. USAID/W also agrees with the mission that SO 5 is on track and start up targets were met including an effective transition to and start-up of the new SO. **Challenges:** Discrepancy between cost recovery and subsidized (free) health services; differing opinions related to Roll Back Malaria and ITNs; collaborating with WHO; human, financial, leadership, and institutional capacity at MOH; salaries for foreign service nationals that have not kept pace with changes in cost of living
Malawi 612-008: Increased Use of Improved Health Behaviors and Services	USAID/W recognizes the successes achieved in Malawi and agrees with the mission's assessment that they have met or exceeded virtually all performance indicators. For future reference, USAID/W would have liked and recognizes many instances in which the mission might have highlighted more of its successes. **Challenges:** High MMR and TFR; high malnutrition; need for increased access to RH services; improving quality of RH care and birth spacing with funding levels that make it difficult to maintain and expand such programs; need to further address gender; corruption; drug stock-outs; supervision; working with district management teams; extremely high poverty and broader contextual challenges such as governance and transparency; retaining qualified health professionals
Mali 688-006: High-Impact Health Services	The mission did not meet 2 of 3 health indicator targets. However, the mission did provide explanations of why the targets were not met and explained how these issues were being addressed. The review team is encouraged that 10% of the national budget is allocated to health and that the Minister of Health is a strong supporter of USAID health programs. **Challenges:** Weak U.S. dollar; Muslim fundamentalism in the northern regions that affects program coverage and results; poor crop production and declining household revenues; increased migration to and from Côte d'Ivoire and potential impact on HIV/AIDS; inadequate supply of ITNs and shortfall of IPT prophylaxis
Mozambique 656-003: Increased Use of Essential Maternal and Child Health and Family Planning Services in Focus Areas 656-008: Increased Use of Child Survival and Reproductive Health Services in Targeted Areas 656-009: HIV Transmission Reduced and Impact of the AIDS Epidemic Mitigated	The review team agrees with the mission that they have met or exceeded their health indicator targets. The review team is also impressed with the depth of program descriptions and results reporting in this year's Annual Report, and recognizes the mission's efforts to improve upon their reporting. The mission expressed concerns over food monetization. However, this should not be considered a negative situation. The mission is commended for the amount of work that has been accomplished in the HIV/AIDS strategic objective in a short period of time. **Challenges:** Loss of Condom Fund monies and uncertainty over future funding for condoms; limited capacity of the country's health sector

Strategic Objective	Comments
Namibia 673-005: Increased Service Utilization and Improved Behavior Related to STDs and HIV/AIDS in Target Communities in Namibia	USAID/W recognizes the overall very good performance, impressive results achieved and innovative approaches implemented by the Namibia program. The review panel recognizes the potential burden of double-reporting HIV indicators to OGAC and USAID/W, but believes that including USG HIV/AIDS indicator data in the annual report would complement the performance narrative. **Challenges:** Sensitivities surrounding the OVC database and community-level identification of orphans and vulnerable children; missed opportunity of "B" component of ABC, particularly as it relates to long-term relationships with trusted partners; alcohol use and violence; contextual challenges such as low marriage rates, early childbearing, high HIV/STD prevalence, income disparities, high TB burden, high unemployment, and increasing tourism; human capacity
Nigeria 620-009: Increased Use of Family Planning/ Maternal and Child Health/ HIV/AIDS Services and Preventative Measures Within a Supportive Policy Environment	Because the mission was between strategies during the past year and did not report results in an indicator table, it is difficult to determine progress against specific indicators. However, USAID/W recognizes the successes achieved in Nigeria in increasing access to malaria prevention and treatment, family planning, and exclusive breastfeeding. On the other hand, the team expressed very strong concerns about the widespread reemergence of polio transmission and general weakness of the routine immunization program in Nigeria. For HIV/AIDS, the five-year strategy and FY 05 COP were acknowledged as extremely strong when reviewed in Washington. **Challenges:** Vast and complex problems surrounding polio eradication and an upswing in active transmission and exportation of polio; Nigerian government's unmet expectations in successfully supplying vaccines for routine immunizations; large numbers of HIV-infected people in Nigeria who do not know their status and very low numbers of people being tested for HIV/AIDS
Rwanda 696-002: Increased Use of Sustainable Health Services in Target Areas 696-006: Increased Use of Community Health Services Including HIV/AIDS	USAID/W recognizes the successes achieved in Rwanda and agrees with the mission's performance assessment that targets for FY 2004 were met. USAID/W compliments the mission on a well-written report. USAID/W notes that the assessment needs to further highlight their achievements. USAID/W also acknowledges the mission has put in a strong case for resource needs. **Challenges:** Poor health status of population (high MMR, IMR, TFR, malaria morbidity/mortality); low rates of access to or usage of health services (FP, pre- and post-natal and delivery care, treatment of sick children, possession and use of bednets, condoms); gender-based violence; health system's scarce resources and limited capacity to deliver quality health care services; health worker skills deficits; the need to use more effective communication channels such as interpersonal communication to achieve maximum impact
Senegal 685-003: Increased Use of Decentralized Health Services in Targeted Areas	USAID/W recognizes the successes achieved in Senegal and feels the mission is currently on target for reaching its goals. USAID/W would have liked and recognizes many instances in which the mission might have highlighted more of its successes. USAID/W would have liked for the quantitative data reported to have been clearer and more illustrative of change, scale, and level of national coverage. **Challenges:** MOH as an obstacle to many of the mission's initiatives and efforts to strengthen and improve health systems; alarmingly high HIV prevalence rates among commercial sex workers; improving diagnosis and treatment of known TB cases; very high default rate among those who start TB treatment; emphasis on case management of those who start treatment before emphasizing widespread community education efforts
Sierra Leone 636-001: Reintegration of War-torn Population in Targeted Communities Advanced	Substantial infrastructure improvements are mentioned which exceeded their targets, and this is commendable. There was limited information provided on performance related to health activities to adequately assess the situation. **Challenges:** poor infrastructure; the possible impact on security and communication with UNAMSIL leaving in 2005; difficulties of providing oversight from the Guinea Mission; transitioning and departure of three Guinea Mission health staff; no technical health person based in the Sierra Leone office. In addition, the new MOH policy advocating for ACT for malaria treatment may pose some logistic and commodity challenges for the MOH in terms of its implementation at health facility level.

Strategic Objective	Comments
South Africa 674-008: Increased Use of HIV/AIDS and Other Primary Health Care Services	USAID/W commends the mission for an impressive performance in its integrated HIV/AIDS-Primary Health Care (PHC) SO. The SO is working well for the mission and the GSA. The mission exceeded its targets and should be commended for its performance both in utilizing its increased resources under the President's Emergency Plan for AIDS Relief and in pursuing GSA Department of Health PHC initiatives. The results reported under the immunization indicator are impressive, as is the high level of PHC technical assistance for systems strengthening, which distinguishes it from most missions. The mission has also made impressive use of its limited CS/MH funds. **Challenges:** Sustained appreciation of the rand; departure of the regional contracting officer; gender-based violence; high default rate for ongoing TB treatment; high-level relationships between the government and USG particularly in regards to Emergency Plan program; limited CS/MH funds in face of DOH desire for more; dependence of USAID programs on DOH for direction because USAID funding is only 1% of health budget; non-AIDS technologies/interventions in danger of being overwhelmed by HIV/AIDS situation/funding
Sudan 650-007: Increased Use of Health, Water, and Sanitation Services and Practices	USAID/W recognizes that the program in Sudan is just beginning and commends the mission for moving quickly to start activities and for the positive results achieved in a short period of time. The panel believes that the mission is taking the right steps and has the correct priorities in its transition from humanitarian to development assistance, and particularly recognizes the mission's focus on capacity building within the Secretariat of Health. **Challenges:** Working with the government and managing expectations that are higher than what can be realistically achieved; fragile state context; overall poor health situation, including high mortality, poor nutritional status, and emerging HIV/AIDS threat; returning internally displaced persons and demobilization of soldiers; inaccessibility of certain areas due to mines and military activity; limited absorptive capacity of counterparts; ability to pay salaries; long-term sustainability of drug and commodities supply; donor coordination if other donors initiate funding; loss of critical support from REDSO after the move into Sudan; polio
Tanzania 621-001: Increased Use of Family Planning/ Maternal and Child Health and HIV/AIDS Preventive Measures	USAID/W recognizes the successes achieved in Tanzania and feels the mission is currently on target for reaching its goals. For future reference, USAID/W would like to see more clear and detailed data sourcing and some discussion about comparability of varying data sources. USAID/W would have liked to see more reporting on child health with at least one indicator illustrating what is being accomplished. **Challenges**: No clear and developed strategy for child health program and a pressing need to develop a plan in order to maintain current funding levels; high malnutrition; logistical challenges and stock-outs; accountability of partners; human capacity development; social marketing handover and maintaining momentum and high-levels of distribution; high turnover at mission and constraints on operating expenses; strained relationship with MOH
Uganda 617-008: Improved Human Capacity	USAID/W applauds the mission's achievements in Uganda and agrees with their assessment that they have met the SO targets for the year. In fact, the review panel felt that the mission has been modest in taking credit for their accomplishments. USAID/W especially commends the mission's work this year as despite heavy workload of preparing the PEPFAR operational plan. **Challenges:** Balancing staffing needs across non-HIV/AIDS health areas; increasing poverty and inequality; civil conflict in the northern parts of the country; difficulty in meeting the funding needs of non-HIV/AIDS areas, especially FP/RH; filling approved posts with trained personnel

Strategic Objective	Comments
Zambia 611-007: Improved Health Status of Zambians 611-009: Reduced Impact of HIV/AIDS Through Multisectoral Response	The review team agrees that the mission is on target and doing very well. This was a transition year for the mission. The mission launched the new country strategic plan; most of the activities under SO3 were extended through FY2004 and came to an end and four new cooperative agreements were awarded across SOs 7 and 9. **Challenges:** High maternal mortality; neglect of maternal health as a priority; uncertainty whether USAID in future will have funds to contribute under the Sector Program Assistance agreement that was extended through FY 2010
Zimbabwe 613-009: HIV/AIDS Crisis Mitigation	The review team compliments the mission on their success of exceeding their HIV/AIDS program targets despite challenges including political turmoil and hyperinflation. **Challenges:** Economic, political, and social upheaval; hyper-inflation and reduced purchasing power of the dollar; government's restriction on international organizations working in the country (e.g., recent NGO bill); media ban on branded socially marketed products; uncertainties regarding the impact of PEPFAR on non-focus countries; shrinking health system capacity; short supply of drugs, equipment, and supplies; high prevalence of HIV and large numbers of AIDS-related deaths and orphanhood; difficulties in using existing FP funds due to Brooke amendment
REDSO/ESA 623-007: Enhanced Regional Capacity to Improve Health Systems 623-008: Strengthened Programs for HIV/AIDS in the Region	SO 7: USAID/W recognizes the successes achieved in REDSO and agrees with the mission's performance assessment, based on the current indicators, that the mission has surpassed their targets. SO 8: USAID/W agrees with the mission's performance assessment, based on the current indicators, that the mission has accomplished a lot in a short period of time. USAID/W believes that, overall, the mission is on track. **Challenges SO 7:** Inadequate unearmarked maternal child health funding; measuring and presenting impact of results in a timely manner; need for clearer focus on organizations/networks **SO 8:** Seriousness of HIV/AIDS epidemic in the region; lack of independent funding for the Burundi HIV/AIDS program and diversion of regional funding to Burundi; presenting impact of results; inadequate funding to address HIV/AIDS issues across the region, which limits REDSO's ability to engage new partners and expand regional HIV/AIDS activities
RHAP 690-019: Strengthened Response to HIV/AIDS in Southern Africa	USAID/W commends the mission on its new strategy and believes the program is on track. However, more information on the previous SO's achievements and challenges would have been very useful. **Challenges:** Clarification of role as a regional program and the relationship between RCSA and the mission; assessment of programs and measuring regional impact beyond the effects in individual countries
WARP 624-005: Increased Adoption of Sustainable Family Planning/ Reproductive Health, STI/HIV/AIDS and Child Survival Policies and Approaches in West Africa	USAID/W recognizes the successes achieved in WARP and agrees with the mission's performance assessment, based on the current indicators, that the mission has exceeded targets. The panel applauds the mission for its vivid, fluid style of language in its annual report cover letter. Overall, the report allowed the reviewers to understand the issues in a clear, concise manner. **Challenges:** Inadequate funding for child health; balancing the amount of HIV/AIDS funding versus the more limited resources for reproductive health and child health; facilitating and monitoring "south-to-south" assistance as progress is made in strengthening the regional "infrastructure" of knowledge, people, and institutions; applying findings and implications of the recent JHPIEGO evaluation in maternal health

Strategic Objectives (SOs) and Intermediate Results (IRs) in the Health Sector

Angola 2001-2006

SO 7 Increased use of maternal/child health and HIV/AIDS services and/or products and improved health practices

IR 7.1 Increased awareness/knowledge/demand for maternal and child health (MCH) services

IR 7.2 Increased access to quality care maternal and child health (MCH) services

IR 7.3 Increased demand/awareness/knowledge for HIV/AIDS services

IR 7.4 Increased access to HIV/AIDS products

Benin 1998-2006

SO 2 Increased use of family health services and prevention measures in a supportive policy environment

IR 2.1 Improved policy environment

IR 2.2 Increased access to services and products

IR 2.3 Improved quality of health services

IR 2.4 Increased demand for health services and prevention measures

Burundi 2003-2005

SO 8 Access to basic services improved

IR 8.1 Increased availability of client-oriented health services

IR 8.2 HIV/AIDS and infectious disease prevention, care, and support programs expanded

IR 8.3 Safe water and sanitation more widely available

Democratic Republic of the Congo 2004-2008

SO 2 Use of key health services and practices both in USAID-supported health zones and at the national level increased

IR 2.1 Increased availability of key health services and practices

IR 2.2 Improved financial access to key health services

IR 2.3 Enhanced quality of key health services

IR 2.4 Increased awareness and practice of healthy behaviors

IR 2.5 Increased access to quality HIV/AIDS prevention and mitigation services

Djibouti 2003-2006

SO 2 Expanded coverage of essential health services

IR 2.1 Increased supply of essential health services

IR 2.2 Improved quality of services

IR 2.3 Enhanced local capacity to sustain health services

Eritrea 2003-2007

SO 4 Use of priority primary health and HIV/AIDS services increased and practices improved

IR 4.1 Active demand for primary health care expanded

IR 4.2 Quality of priority primary health services improved

IR 4.3: Institutional capacity for resource allocation decisions improved

IR 4.4 Quality and demand for HIV/AIDS prevention services increased

Ethiopia 2000-2003

SO 8 Family health improved

IR 8.1 Increased use of high-impact child survival interventions, including nutrition

IR 8.2 Increased use of high-impact reproductive health interventions, including maternal nutrition in focus regions and target areas nationwide

IR 8.3 Reduced HIV/AIDS prevalence and increased mitigation of the impact of HIV/AIDS

IR 8.4 Increased health sector resources and improved systems in focus regions

Ethiopia 2004-2006

SO 14 Human capacity and social resiliency increased

IR 14.1 Use of high-impact health, family planning, nutrition services, products, and practices increased

IR 14.2 HIV/AIDS prevalence reduced and mitigation of the impact of HIV/AIDS increased

IR 14.3 Use of quality primary education services enhanced

Ghana 2004-2010

SO 7 Health status improved

IR 7.1 Individuals and communities empowered to adopt positive health practices

IR 7.2 Access to health services expanded

IR 7.3 Quality of health services improved

IR 7.4 Institutional capacity to plan and manage programs strengthened

Guinea 1998-2005

SO 2 Increased use of essential FP/MCH and STI/HIV/AIDS prevention services and practices

IR 2.1 Increased access to essential FP/MCH and STI/AIDS prevention services and practices

IR 2.2 Improved quality of FP/MCH and STI/AIDS prevention services, products, and practices

IR 2.3 Increased behavior change and demand for FP/MCH and STI/AIDS prevention services, products, and practices

IR 2.4 Increased effective response among donors, government, community organizations, NGOs, and private sector in addressing critical health systems constraints

Kenya 2001-2005

SO 3 Reduce fertility and the risk of HIV/AIDS transmission through sustainable, integrated family planning and health services

IR 3.1 Improve enabling environment for the provision of health services

IR 3.2 Increased use of proven, effective interventions to decrease risk of transmission and mitigate the impact of HIV/AIDS.

IR 3.3 Increased customer use of FP/RH/CS services

Liberia 2003-2008

SO 3 Increased use of essential primary health care services through civil society

IR 3.1 Strengthened capacity of civil society to achieve sustainable primary health care delivery, including access, quality, and demand of services.

IR 3.2 Improved policy framework for primary health care service delivery in Liberia.

IR 3.3 Increased availability of resources, including non-USAID resources for health sector development in Liberia.

Madagascar 2003-2008

SO 2 Smaller, healthier families

IR 2.1 Family level: Increased use of services and healthy behaviors

IR 2.2 Community level: Increased community participation leading to improved health and food security

IR 2.3 Health center level: Increased access to quality health services

IR 2.4 Institutional level: Increased capacity to plan and manage programs

IR 2.5 Policy level: Improved Policies, Program Advocacy, and Decision-Making

Malawi 2001-2008

SO 8 Increased use of improved health behaviors and services

IR 8.1 Behavior change enabled

IR 8.2 Quality of health services improved

IR 8.3 Access to services increased

IR 8.4 Health sector capacity strengthened

Mali 2003-2012

SO 6 High impact health services

IR 6.1 Policy environment for high impact health services established

IR 6.2 Demand for high impact health services increased

IR 6.3 Access to high impact health services increased

IR 6.4 Quality of reproductive health and child services improved

Mozambique 1996-2003 (FY 2004 was the transition year between SO3 and SO8)

SO 3 Increased use of essential maternal and child health and family planning services in focus areas

IR 3.1 Increased access to community-based services

IR 3.2 Increased demand for community-based services

IR 3.3 Strengthened policy and management of decentralized services

Mozambique 2004-2010

SO 8 Increased use of child survival and reproductive health services in target areas

IR 8.1 Increased access to quality child survival and reproductive health services in target areas

IR 8.2 Increased demand at community level for child survival and reproductive health services

IR 8.3 More accountable policy and management

SO 9 HIV transmission reduced and impact of the AIDS epidemic mitigated

IR 9.1 Civil society linked effectively to national HIV/AIDS response

IR 9.2 Behavior change enhances HIV/AIDS prevention and care

IR 9.3 Essential services utilized

Namibia 2002-2005

SO 5 Increased service utilization and improved behavior related to STDs and HIV/AIDS in target community

IR 5.1 Increased quality and availability of information to improve sexual risk behavior in target community

IR 5.2 Increased quality, availability, and demand for services to improve sexual risk behavior in target communities

IR 5.3 Strengthened capacity of institutions to plan and implement HIV/AIDS interventions in target communities

IR 5.4 Increased community awareness and comprehensive support for orphans and vulnerable children in target communities

Namibia 2004-2010

SO 8 Reduce the spread and impact of HIV/AIDS in Namibia

No IRs identified in 2005 Annual Report

Nigeria 2004-2009

SO 13 Increased use of social sector services

IR 13.1 Improved quality of social sector services

IR 13.2 Strengthened enabling environment

IR 13.3 Expanded demand for improved social sector services

IR 13.4 Increased access to services, commodities, and materials

SO 14 Reduced impact of HIV/AIDS in selected states

IR 14.1 Increased demand for HIV/AIDS and TB services and practices, especially among selected target groups

IR 14.2 Increased access to quality HIV/AIDS and TB services and interventions in selected states

IR 14.3 Improved public, private and community enabling environment

Rwanda 2001-2004

SO 2 Increased use of sustainable health services in target areas

IR 2.1 Increased availability of decentralized, quality PHC, STI, and HIV services in targeted areas

IR 2.2 Improved knowledge related to reproductive health, emphasizing STI/HIV, in target areas

IR 2.3 Enhanced sustainability of PHC services through improved financial accountability and improved health care financing

IR 2.4 Increased Government of Rwanda capacity to provide basic social sector support

Rwanda 2004-2009

SO 6 Increased use of community health services including HIV/AIDS

IR 6.1 Reinforced capacity for implementation of decentralization policy in target districts

IR 6.2 Increased access to selected essential health commodities and community health services

IR 6.3 Improved quality of community health services

IR 6.4 Improved community level response to health issues (HIV/AIDS/family planning/child survival/malaria)

Senegal 1998-2006

SO 3 Increased use of decentralized health services in targeted areas

IR 3.1 Improved access to quality reproductive health services

IR 3.2 Increased demand for quality reproductive health services

IR 3.3 Increased financing of health services from internal sources

Sierra Leone 2004-2006

SO 1 Reintegration of War-torn Population in Targeted Communities Advanced

IR 1.1 Foundations for viable communities established

IR 1.2 War-torn populations in targeted communities constructively engaged

IR 1.3 Public Infrastructure rehabilitated

South Africa 2003-2007

SO 8 Increased use of HIV/AIDS and other primary health care services

IR 8.1 HIV/AIDS prevention measure strengthened

IR 8.2 Management of STIs improved

IR 8.3 Treatment for TB and AIDS improved

IR 8.4 HIV/AIDS care and support expanded

IR 8.5 Selected primary health care systems and services improved

Sudan 2004-2006

SO 7 Increased use of health, water, and sanitation services and practices

IR 7.1 Improved access to high-impact services

IR 7.2 Increased Sudanese capacity, particularly women's, to deliver and manage health services

IR 7.3 Increased demand for health services and practices

IR 7.4 Improved access to safe water and sanitation

Tanzania 1997-2004

SO 1 Increased use of family planning, maternal and child health, and HIV/AIDS preventive measures

IR 1.1 Policy and legal environment improved

IR 1.2 Availability of quality services increased

IR 1.3 Demand for specific quality services increased

Tanzania 2005-20014

SO 10 Reduced transmission and impact of HIV/AIDS on Tanzania

IR 10.1 Improved HIV/AIDS preventive behaviors and social norms

IR 10.2 Increased use of HIV/AIDS prevention to care services and products

IR 10.3 Improved enabling environment for HIV/AIDS responses from community to national levels

IR 10.4 Enhanced multisectoral response to HIV/AIDS

SO 11 Health status of Tanzanian families improved

IR 11.1 Communities empowered to practice key behaviors and use services for target health problems

IR 11.2 Family level access to target services increased

IR 11.3 Sustainability reinforced for target health program

Uganda 2002-2007

SO 8 Improved human capacity

IR 8.1 Effective use of social sector services

IR 8.2 Increased capacity to sustain social sector services

IR 8.3 Strengthened enabling environment for social sector services

Zambia 2004-2010

SO 7 Improved health status of Zambians
IR 7.1 Zambians taking action for health

IR 7.2 Achievement and maintenance of high coverage for key health interventions

IR 7.3 Health services strengthened

SO 9 Reduced impact of HIV/AIDS through multisectoral response
IR 9.1 Reduced HIV/AIDS transmission

IR 9.2 Improved care and support for people living/affected by HIV/AIDS

IR 9.3 Strengthened capacity of key sectors to mitigate the HIV/AIDS impact

IR 9.4 Improved policy and regulatory environment

Zimbabwe 2000-2005

SO 9 HIV/AIDS crisis mitigated
IR 9.1 Reduced high-risk sexual behaviors

IR 9.2 Enhanced capacity of public institutions to formulate and advocate for improved HIV policies

IR 9.3 Increased care and support for orphans and vulnerable children and others infected with HIV

AFR-SD 1998-2004

SO 19 Adoption of policies and strategies for increased sustainability, quality, efficiency, and equality of health services
IR 19.1 Promote improved policies and strategies for innovative health financing and organizational reform

IR 19.2 Promote improvise policies, strategies, and approaches for child survival and maternal health

IR 19.3 Improve enabling environment to design, manage and evaluate programs

SO 20 Adoption of policies and strategies for increased quality and sustainability and quality of family planning services
IR 20.1 Improved policies and strategies to expand reproductive health programs promoted

IR 20.2 Enabling environment to design, implement, and evaluate reproductive health programs improved

SO 21 Adoption of cost-effective strategies to prevent the spread and mitigate the impact of HIV/AIDS
IR 21.1 Improved strategies and models to prevent and mitigate HIV/AIDS developed

IR 21.2 Increased African commitment to HIV/AIDS prevention and mitigation

IR 21.3 Strengthen African regional and national capacity to plan, manage, and implement HIV/AIDS programs

IR 21.4 Enhanced coordination of partners to support HIV/AIDS programs in Africa

SO 24 Polio eradicated in selected countries in a manner that builds sustainable immunization programs
IR 24.1 Strengthen partnerships to support the implementation of polio eradication and immunization/disease control programs

IR 24.2 Strengthen selected immunization support systems in the public and private sectors to achieve polio eradication

24.3 Improve planning and implementation for supplemental polio immunization activities (including NIDs)

24.4 Improve and integrate acute flaccid paralysis surveillance with surveillance for other infectious diseases

24.5 Promote use of information for continuously improving the quality of polio eradication activities

REDSO/ESA 2001-2005

SO 7 Enhanced regional capacity to improve health systems
IR 7.1 Improved viability of regional partner institutions

IR 7.2 Broadened technical resource base

IR 7.3 Expanded utilization of critical information

IR 7.4 Expanded policy dialogue

REDSO/ESA 2004-2010

SO 8 Strengthened programs for HIV/AIDS in the region

IR 8.1 Strengthened USAID mission technical and strategic leadership

IR 8.2 Enhanced human and organizational capacity to respond to the epidemic

IR 8.3 Information exchanged, lessons learned, and best practices disseminated

IR 8.4 Effective programs implemented in target populations

RHAP 2004-2008

SO 19 Strengthened response to HIV/AIDS in Southern Africa

IR 19.1 Increased access to select HIV/AIDS services in target populations across the region

IR 19.2 Improved quality of mission programs to combat the HIV/AIDS epidemic in the region

IR 19.3 Increased participation of regional networks and institutions in combating the HIV/AIDS epidemic

WARP 2001-2008

SO 5 Increased adoption of sustainable family planning/reproductive health, STI/HIV/AIDS, and child survival policies and approaches in West Africa

IR 5.1 Increased access to quality reproductive health, Improved approaches to FP/RH, STI/HIV/AIDS, and CS and ID services disseminated region-wide

IR 5.2 Increased regional stakeholder advocacy for policy change

IR 5.3 Increased capacity of regional institutions and networks

IR 5.4 Health sector reform models developed and disseminated region-wide

Success Stories

Guinea

Guinea Food Security Initiative Successful: Assuring Food Security Means Better Health for Village Families

Guinea suffers from some of the worst health statistics in the world - life expectancy is 49.1 years, and infant mortality is 169 per 1,000 live births. The country also has what is called "food insecurity" - a critical situation in which people are only able to provide food for themselves and their families for a certain number of months out of the year. The high level of malnutrition found in Upper Guinea - estimated at a whopping 44% in 1996 among the general population in Dinguiraye, one of the poorest rural areas of Guinea - persuaded USAID to intervene through P.L. 480 food security programs in that area.

The Food Security Initiative was initially designed to serve Dinguiraye district, deemed one of the most precarious and "food-insecure" prefectures in Guinea, in order to assure a basic level of household food security in that prefecture. The project has since expanded into other areas in Upper Guinea, with new emphasis now placed on agricultural production. Funding for the project is raised through monetization of vegetable oil in Guinea through the P.L. 480 Title II, a U.S. government law designed to provide a mechanism to obtain foreign currency to help run U.S. foreign assistance programs overseas. The Food Security Initiative works both to improve agricultural production and to address the health concerns of those most at risk - women and children under 5 years of age. Says Carine Colas, Africare/Guinea representative, "The program is community-based and uses community volunteers to carry out health-related activities such as capacity building, and IEC (Information, Education, and Communication) activities." The health and nutrition program includes monthly infant weighing and cooking demonstrations. USAID also works through community volunteers to distribute vitamin A to pregnant and postpartum women, who need vitamin A, a vitamin essential to assuring the health of young infants.

Results from these activities have been substantial and are being felt at the community level - local household incomes for members of women's groups have increased 69% on average for those participating in Africare's intervention zone in Dinguiraye prefecture. In addition, malnutrition among the general population in Dinguiraye is now at 17%. Moderate malnutrition among young children, which in 2001 was at 20.7% in children aged 0 to 36 months, has now come down to 15.7%. Vitamin A distribution is also now being assured - 30% of postpartum women are receiving vitamin A supplements within four to six weeks of delivery in Africare's original intervention zones, a fivefold increase over 2001 baseline figures. Complementary USAID programs carried out through Helen Keller International, in collaboration with the Guinean Ministry of Health, have made sure that 99% of Guinean children nationwide receive vitamin A. Although there is still work to be done, the Africare project has been an effective on-the-ground poverty reduction strategy in Upper Guinea.

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Guinea

Hospital Rebuilt in Forest Guinea

As a building block in promoting regional peace, the Special Objective has helped residents of this once devastated area of the Forest Region rebuild and restart their economic activities and has had a positive effect on the lives of approximately three-quarters of a million Guinean citizens. Immediately following rebel incursions into Guinean territory from Sierra Leone and Liberia in 2000 and 2001, U.S. government agencies responded with timely humanitarian assistance. However, although the assistance meant that immediate humanitarian needs were met, displaced persons who later returned to the three prefectures of Gueckedou, Kissidougou and Macenta - the three prefectures most adversely affected by the rebel incursions - found that public and private infrastructure had been demolished, social services no longer functioned adequately, and their means to earn a livelihood had been destroyed. USAID was able to take advantage of the climate of relative peace in the Mano River subregion to implement a "Special Objective" project designed to carry out tasks essential to creating viable communities - the basic conditions essential to a progressive resumption of USAID's assistance program. Activities have focused on stimulating economic activity and re-establishing key social services to promote the return of those displaced by the conflicts.

Just three years ago, the Gueckedou Hospital stood in ruins, an empty shell that was heavily damaged when rebels entered Guinea from Sierra Leone and Liberia. All of the hospital equipment was destroyed or carried away and had to be replaced. With a relatively peaceful situation in Guinea, Liberia, and Sierra Leone, USAID was able to begin working on what was deemed "essential infrastructure" by the community such as hospitals, health clinics and schools. USAID also helped residents kickstart economic activities in the three affected prefectures through small and microloan grants.

The Gueckedou Hospital was completely rehabilitated and began functioning immediately after its opening in July, 2004. Rehabilitation work included the rebuilding of the walls, windows, tiling, electricity and plumbing, as well as the ceilings and roofing. The rehabilitation work was used to convey car-

pentry, masonry, and plumbing skills to local technicians. The hospital was re-equipped inside with furniture and basic medical equipment, and an ambulance donated for emergency transportation. By re-establishing key social services, USAID hopes to contribute to creating a favorable living environment in the Forest Region and encourage those who left to come back.

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Mali

Availability of Insecticide-Treated Nets Helps Increase Use of Other Health Services in Mali: Subsidizing ITNs Increases Use of Antenatal Care and Immunization Services

A program in Mali to distribute insecticide-treated nets (ITNs) to vulnerable populations appears to have had another unexpected - and very positive - effect on USAID's recently launched integrated family health program Keneya Ciwara. Under USAID's ITN initiative, pregnant women enrolling in antenatal care at government health clinics in certain Keneya Ciwara areas also receive a heavily subsidized family-size ITN. Parents of children under 5 who are on track with their scheduled childhood vaccinations also qualify for a highly subsidized net. All those receiving nets are urged to have their most vulnerable family members, pregnant women, and small children sleep under the nets to help prevent malaria - the number one killer of young children in Mali. Preliminary tracking of clinic health data already appears to show some decline in incidence of malaria cases among targeted net recipients, which clinic personnel attribute to increased use of ITNs. But more unexpectedly, the net distribution activities themselves seem to have had a dramatic impact on health service use, with more women signing up for and regularly attending antenatal care and parents showing renewed efforts to fully vaccinate their children. If these indirect trends are proven, it could mean a far greater impact on overall family health than the nets themselves can yield alone. Drawn by the incentive of the nets, many more people are having their first face-to-face with their health care providers - and the experience seems to be a positive one!

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Mali

Malian Religious Leaders Promote the Benefits of Birth Spacing to Their Congregations: Religious Leaders Are Promoting Birth Spacing and Family Planning

The population of Mali is more than 95% Muslim, and Muslim religious leaders play an important role in guiding public opinion around key topics in health and social development. The Malian Islamic High Council is made up of 106 Islamic associations of which 70 are women's associations. Each mosque in Mali is managed by an imam who also is the chief religious authority in his community. In the area of family planning, a first step to engage Muslims was a study tour visit to Morocco by a group of prominent Muslim leaders, sponsored by USAID. Upon their return to Mali, these leaders joined together to continue working on publicizing the need for improved birth spacing in Malian families. Following this visit, a group of male and female religious leaders produced a PowerPoint presentation in Arabic and French. This presentation is based on the RAPID model but incorporates teachings from the sacred Qu'ran and Hadith/Sunna traditions to provide evidence of Islam's inherent support of the concepts of birth spacing and the use of family planning. The primary message promoted by these leaders is that Islam promotes quality of life and that if a good quality of life cannot be assured, it is a Muslim family's duty to limit its size to the number of children they can comfortably support. Beginning in late 2004 this presentation will be used in advocacy sessions with other religious leaders to promote family planning as a means to improve maternal and child health.

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Mozambique

Preventing HIV Infection in Infants in Mozambique: USAID-Supported Program Helps HIV-positive Mothers Protect Their Babies

Alzira Mendes was six months pregnant with her third child when she went to a neighborhood health center for her first prenatal checkup. During the visit, a nurse talked to the 29-year-old widow about HIV and a new program to prevent transmission of the virus from mother to child. Although Alzira had heard about HIV before, she never had been tested. At that time, the prevalence of HIV infection in Sofala Province was 26.5% - about double Mozambique's national rate of 13.6% - and even higher among pregnant women in the port city of Beira where Alzira lives. That day, she made the decision to be tested. Nurse Flora Vaz counseled Alzira about HIV transmission and prevention, as well as the significance of the test. With a rapid HIV test, the results were avail-

able within 12 minutes. Nurse Flora broke the difficult news to the young woman - she was HIV-positive.

Although she was shocked, Alzira's first thought was for her child - was he or she destined to have the virus too? The nurse explained that a drug called nevirapine can reduce the chance of transmission if the mother takes it at the onset of labor and the baby receives a dose within 72 hours of birth. However, it is impossible to know for sure whether a baby has avoided HIV infection until the child is older. Alzira agreed to enter the USAID-supported prevention of mother-to-child transmission (PMTCT) program at the health center. She attended a weekly "Positive Mothers" group meeting, receiving information and counseling on a variety of relevant topics, including infant feeding and nutrition, the constraints and stigma of living with HIV, and the importance of having partners tested. Program participants also receive food supplements through a linked community-based effort with the World Food Program. In addition, the nurse referred Alzira to the Day Hospital at Beira Central Hospital, which provides treatment and care to HIV-positive people. Alzira went into labor early one morning in May 2003. She went straight to the health center's maternity ward, where she took nevirapine. A few hours later, she delivered a baby boy named Apolinario, who also received nevirapine syrup for infants. Alzira continued to attend a support group at the center. In collaboration with the Ministry of Health, USAID has played a key role in the development of Mozambique's national program to prevent transmission of HIV from mothers to children, which began in 2002. USAID/Mozambique supports PMTCT programs like the one Alzira attends, which is implemented by the Ministry of Health in collaboration with Health Alliance International in six of Mozambique's 10 provinces in addition to Maputo City. The number of sites where USAID-funded PMTCT services are offered is being expanded rapidly in 2004, from 13 to 44. The 31 new sites being added represent half of the Health Ministry's target for this year and will reach an additional 64,000 pregnant women and 4,200 HIV-positive women with newborns.

For Alzira and her young son, the USAID-supported program had arrived just in time and appears to have made a world of difference in their lives. In late 2003, when Apolinario reached the age of 5 months, the Beira Day Hospital tested his blood for the first time in an attempt to determine his HIV status. The result of this preliminary test was negative, which was good news because it indicated that he probably had not been infected with the HIV virus. Alzira cried with joy and relief when she heard the good news. Although Apolinario's blood still must be tested again to verify his HIV status when he reaches 18 months, all signs indicate that the child will remain free of the HIV virus.

Today this program gives families the courage to know their health status and reduce transmission of the HIV virus rom mom to baby. Two years ago, this opportunity was not possible.

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Mozambique

Making Value-Added Food Products in Mozambique: VitaGoat Gives Small Producers Opportunity to Make Value-Added Products

USAID partner Africare selected businesswoman Rita Lazaro to lead a pilot rural enterprise project making soymilk and other high-nutrition products with a VitaGoat food-processing system. Rita is a successful oil processor in Munhinga in central Mozambique's Manica Province, where she employs three workers to help press sesame and sunflower oil. The mother of two also is a leader in Africare's USAID-funded food security program in Manica. Rita works with more than 150 families in the program, teaching them improved agriculture and nutrition practices. VitaGoat is technology specifically designed for conditions in rural Africa. The key feature is that it requires no electricity. To make soymilk, soaked soybeans first are ground using a grinder powered by a stationary bicycle. The beans then are mixed with water and put in a stainless steel pressure cooker heated by a wood-fired steam boiler. The final step is to filter the product using a manual press. The VitaGoat gives small producers with limited resources the opportunity to make 30 liters an hour of soymilk and yogurt, as well as other value-added products including peanut butter, tomato juice, and ground coffee. Africare installed the VitaGoat at Rita's compound in May 2004. The machine works well, but milk distribution has been hampered by the fact that the product spoils after 24 hours. Rita and Africare are researching what type of packaging will provide longer life for the milk, which will be sold and used in Africare's antimalnutrition efforts.

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Mozambique

Neighbors Promote Healthy Eating Practices in Rural Mozambique: Community-Based Approaches to Fight Malnutrition Initiated

Although Mozambique has made economic progress in recent years, much of the country's population continues to struggle with poverty, hunger, and illiteracy, especially in isolated rural areas. A 2002 study of the roots of childhood malnutrition found that unhealthy feeding practices and illnesses caused by poor sanitation are key contributors to the problem. Taboos and ignorance often lead to deficiencies in children's diets, even when healthy foods are available. For example, mothers normally feed plain porridge to young children, ignoring vitamin- or protein-rich foods such as nuts and greens that are produced locally. In addition, strict gender roles traditionally have prevented men - who generally have more education - from being involved in nurturing their children. Information is a vital factor in assuring a healthy future for Mozambique's children, but changing community norms is a difficult process. Nutrition education is a key component of USAID's food security programs, which stress reducing malnutrition among children age 5 and under. In four districts of Manica Province in central Mozambique, a USAID-funded program run by Africare has organized a network of volunteer Model Families. The program - called Crescer or "to grow" in Portuguese - selects parents whose children are better nourished than average due to the family"s successful health and nutrition practices. After training, the Model Families share their knowledge with neighbors. They conduct cooking demonstrations and lead discussions on choosing nutrient-rich foods, preventing diarrhea, and building latrines, which most rural households lack. Many use song and dance - traditional methods of communication - to reinforce the lessons. In collaboration with local health officials, Crescer also weighs the area's children regularly. Those identified as malnourished participate in community-based rehabilitation. For the first two weeks, they and their parents go daily to the home of a neighboring Model Family, where the adults cook meals together and discuss solutions. Afterward, the volunteers follow up with regular home visits.

Today, more than 2,100 Model Families are sharing their expertise on nutrition and hygiene with their rural neighbors. The Crescer program has helped communities move beyond strict gender stereotypes, with men now openly involved in caring for their children. Fathers attend cooking demonstrations and lead songs about enriching children's porridge with sesame oil, greens, and eggs - something that would have been unheard of in rural areas of Manica a few years ago. In the program's first year, more than 10,000 children received regular growth monitoring. Of those, 1,566 were selected for community-based rehabilitation. In a matter of months, the number of underweight children dropped by 17 percentage points. Sanitation also has improved, despite a lack of piped water in many areas. In 2003, more than 3,100 households in 108 villages built latrines using locally available materials like grass and trees. "The children are growing well and don't have stomach problems," said one father.

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Namibia

HIV/AIDS Prevention Gains Support in Schools and Communities: More Principals and Teachers Seek HIV/AIDS Counseling and Testing

Namibia has one of the world's worst HIV/AIDS epidemics. In the last 10 years AIDS has become a leading cause of death, accounting for 50% of deaths among individuals aged 15-49 and over 75% of all hospital admissions. HIV/AIDS has seriously affected teachers in the basic education system, resulting in a high rate of teacher absenteeism.

USAID supported the HIV/AIDS prevention training of 1,100 principals in 410 rural schools in Namibia. These programs provide information to principals on HIV/AIDS prevention, counseling, testing, and treatment programs. USAID also supports several "New Start" centers that provide HIV/AIDS counseling and testing services.

Trained school principals are now leading others to take advantage of counseling services. The principal of the Katima Mulilo School, who attended the sexual health and HIV/AIDS workshop said, "Immediately after the workshop, I went for voluntary precounseling and testing at the local New Start center and found other principals standing in line to receive counseling and be tested. What I appreciated most at the center is that numbers were used to identify us, unlike clinics where real names are recorded. Previously I dreaded going to the clinic in fear of stigmatization, especially in case my results would be positive." Another principal said, "Upon returning to my school, I encouraged the teachers to go for voluntary precounseling and testing, just as I did. To date, about 20% of my staff has gone for testing at the New Start Center near the school. I also mention one or two things about HIV/AIDS during my opening remarks at the start of the school day. I hope this will help the teachers and learners to understand the importance of responsible behavior. I now plan to invite school board members and interested community members to discuss prevention of the spread of the pandemic."

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Rwanda

Male Involvement: A Community Approach to PMTCT in Rwanda

Among the greatest challenges facing providers of preventing mother-to-child transmission (PMTCT) services is reaching sexual partners of HIV-positive women and persuading them to receive HIV counseling and testing. As part of the Emergency Plan effort to prevent mother-to-child transmission of HIV in Rwanda, IntraHealth International has helped the Ministry of Health establish and support PMTCT services at 10 hospitals and health centers in Gitarama and Byumba provinces, serving a total population of 77,454. In each of these facilities, IntraHealth has integrated partner involvement activities with PMTCT services, leading to significant gains in the rate of partner testing in a short period of time.

The success of the PMTCT partner involvement initiative can be attributed to three principal activities: (1) a system in which sexual partners are invited discreetly (via letters from health facility staff) to accompany women to prenatal visits and receive voluntary counseling and testing; (2) the involvement of men in the reproductive health services provided to their spouses, such as prenatal counseling; and (3) a community-provider partnership approach that promotes male partner involvement by challenging attitudes and behaviors of men that compromise their own health as well as the health of women and children.

Partner involvement has grown dramatically as a result of these activities. At Kigoma Health Center in Gitarama Province, the partner testing rate grew from 10% in December 2002 to 88% in September 2004. In fact, the trend in Kigoma is that the majority of women's sexual partners now accompany their spouses to the PMTCT counseling sessions without receiving a written invitation letter. In Gitarama Province, the Byimana Health Center - which only began providing PMTCT services in May 2004 - reports that 78% of partners were agreeing to testing by September 2004, up from 53% in the first month of the activity. And at Kinihira Health Center in Byumba Province, 57% of partners were consenting to testing by September 2004, only six months after the initiation of PMTCT services and male involvement activities (the rate of partner testing in the first month of services was 16%).

Additionally, IntraHealth's PMTCT interventions at the 10 sites supported by the Emergency Plan have achieved high rates of counseling and testing for women: 99% of 12,379 women attending prenatal care were counseled and 95% of women counseled accepted an HIV test. By maximizing identification of HIV-positive pregnant women and systematically reaching out to their male partners, this project is making a direct contribution to the President's Emergency Plan for AIDS Relief 2-7-10 goals and encouraging a norm of male participation in the continuum of HIV/AIDS services offered at health centers.

Rwanda

Positive Living After 15 Years with the Virus

Espérance, 44, from Butare province, Rwanda, has lived with the HIV/AIDS virus for almost 15 years, and today she is living a happy life. She married in 1989 and discovered that she was infected with HIV in 1990. Her husband first denied having transmitted the virus to her but finally admitted having sex with other women while away for work. However, he refused to have himself tested and died in 1994. Espérance remained with their five young children. When recalling these painful years, Espérance discloses emotionally, "For sure my youth was full of challenges. Imagine being the first born in a family of 13 children. We had lost our parents, so I had to take care of all of them. However, the biggest challenge I've ever faced in my life is contracting the HIV/AIDS virus." As an HIV-positive young widow caring for five children, Espérance hardly received any support from the community. She could not send her children to school and found that even feeding them was a struggle. She experienced stigma and discrimination and lived in extreme poverty and isolation until she heard of an association of people living with HIV/AIDS in her community and decided to become a member. The decision changed her life.

When describing the benefits of joining the association, Espérance emphasizes her sense of no longer being isolated: "We [the members] became one and no one was rejected by the others. To join the association comforted me and we would make a lot of jokes. This made me feel I was not going to die instantly." Yet the association was struggling to survive because of its very limited capacities. This all changed when Emergency Plan funding allowed CARE International to strengthen the organization. "Before CARE came, we were scattered like cows but later on we were trained and today 54 members of our association have already directly benefited from CARE's assistance." The association helped restore the members' lives. Says Espérance, "Today I have all my five children in school under the support of CARE Rwanda." Many of her fellow association members have been referred to the University Hospital in Butare (a U.S. government-supported treatment site) for antiretroviral (ARV) treatment. CARE has also trained association members in the CLASSE Intambwe methodology, a community mobilization program for savings and loans, in order to enhance the association's economic base. As a result, the association managed to erect a building that houses the association's office and a business center for the equivalent of 4 million Rwandan francs ($7,000), with members benefiting from a variety of income-generating activities.

Espérance's health deteriorated in 2002, but she started ARV therapy and is now fine. Like most of her fellow members in the association, Espérance has been trained in ARV literacy and care and support to people living with HIV/AIDS. Today she is a proud CARE community volunteer providing home-based care to a large number of people living with HIV/AIDS

in her community. "Today I am very fine and living under the mercy of God," she declared proudly.

Rwanda

The PMTCT Collaborative in Rwanda: Improving and Sharing Best Practices

The Rwanda health care system has faced many challenges to effectively implementing its preventing mother-to-child transmission (PMTCT) program, including shortage of staff, lack of infrastructure and space, and poor provider motivation and burnout. These constraints can often lead to inefficiency, poor retention and return rates of clients, and poor quality of PMTCT service delivery.

The Emergency Plan, through the PMTCT Collaborative approach, has worked to strengthen the effectiveness and efficiency of PMTCT services through quality improvement methods (proven effective in Western health facilities) and sharing of best practices and lessons learned across sites. As part of this approach, quality assurance (QA) teams at 18 participating health centers and hospitals analyze their processes for PMTCT service delivery and identify and implement key changes necessary to improve the quality of PMTCT services. Through close monitoring of site-level indicators by the teams, best practices are identified, shared, and often adopted by other participating sites.

For example, the U.S. government-supported Byumba Health Center was providing test results two to three days after testing, resulting in nearly 20% of women not returning for results. Through meetings and sharing of best practices with the QA teams, the sites reorganized their services to implement same-day testing and results, resulting in an increase of women receiving test results from 82% to 100%.

In Rwanda, significant barriers exist to ensuring all HIV-positive women receive single-dose nevirapine, including low facility deliveries, low antenatal care (ANC) return rates and loss-to-follow-up of HIV-positive women. To increase the number of HIV-positive women who receive their dose, these U.S. government-supported sites developed a tracking system to follow up women in the community to remind them of scheduled ANC appointments; strengthened their information, education, and communication materials to sensitize women to return for their dose of nevirapine; and in some communities provide the nevirapine to the women in their home. Since the intervention, the percentage of women receiving nevirapine increased from approximately 60% to 90%, and more than 10 sites have been providing nevirapine to 100% of eligible women for many months.

The Quality Improvement Collaborative approach, which was featured as a model in a World Health Organization publication, has had an impact on the providers as well as the patients by enhancing provider understanding of quality of care and targets. This greater understanding and appreciation of indicators and performance has increased provider motivation and quality of service delivery. Fidele Munyaneza, Byumba team leader for the PMTCT Quality Assurance team, shared these thoughts: "[Before the Collaborative] the staff [at our facility] worked independently of each other, each one focusing only on their work for the day. They were not motivated, as PMTCT was an additional duty assigned to us on top of our regular workload. With the Collaborative Project, we started to follow the indicators of PMTCT. With our regular meetings we try to discuss the problems in our service so that we can improve areas that need improvement. Motivation - there is no money, but with the meetings…our team members are motivated to show improvement on the indicators…"

At 17 months of operation, each participating site has its own QA team, which continues to analyze processes for improving PMTCT services. This approach has been recognized in Rwanda as an important quality improvement strategy and has been cited internationally as a successful model. Additionally, the U.S. government and the Ministry of Health are now implementing a similar collaborative approach to improve antiretroviral treatment service delivery, and the Rwandan Division of Health Care Services has decided to institutionalize the approach as part of its national quality improvement strategy.

Senegal

Combating HIV/AIDS in the Urban Jungle: A Bus Station Worker Helps His Peers Fight for Their Lives and Livelihoods

Moustapha Diouf, a 33-year-old Senegalese "coaxer" in Dakar, tells his story:

I dropped out of school at 9. My parents suggested that I become a tailor, but I only wanted to play soccer, which I wasn't very good at anyway. I ended up hanging out at the bus station in the Grand Yoff neighborhood, which offered me freedom, new acquaintances, and the chance at a livelihood.

I work as a coaxer. A coaxer's job is to coax passengers onto minibuses that serve as Senegal's informal transportation system. I stand by the minibus and call out its destination: "Dakar! Dakar!" I earn 40 cents for each bus I fill.

An informal bus station is a crowded and sometimes violent jungle of street boys, homeless old men, and female water vendors. At the station, sexual banter passes easily between men and women, youth, and adults. It's a market governed by supply and demand. I yielded to all temptations. I discovered drugs and drug-induced illusions. I chased girls and had multiple partners. I slipped into the underworld of prostitutes who sapped my money and my strength and gave me sexually

transmitted infections. Many believed that AIDS was a myth, a white man's disease, and that condoms were a ploy to slow down procreation and take the pleasure out of sex.

It was at the station that I met with ENDA-GRAF (Environmental and Development Action, Research, Action and Training Group), a local nongovernmental organization supported by the U.S. Agency for International Development and its partner, Family Health International (FHI). I was suspicious during our first meetings, but I was lucky enough to be one of the first persons trained by ENDA-GRAF to educate my peers to adopt a safe sexual behavior.

Interaction with my peers led me to question who I was. I had had tons of unprotected sex without a second thought. ENDA-GRAF's intervention shook me awake, and I began to understand that my life was in jeopardy. A voice inside me was saying: "No! Moustapha, you can't hate yourself to the point of your own destruction." I realized that in order to reclaim myself and lead a healthy life, I had to own the positive values of self-esteem and safe living that ENDA-GRAF was teaching me to promote.

I gradually strengthened my resistance to the temptations of risky sex. But however hard you try to resist, you occasionally end up giving in. So I resolved to use condoms to avoid being "bitten by the snake" and to escape from the venom of AIDS. I must confess that it was not easy. It was a huge effort to get past the all the negative attitudes around condoms. But when it dawned on me that I'd eventually like to get married, have a family, and protect the health of my children, I felt even stronger about my choice to use condoms. It was just the right thing to do.

I got up the courage to get tested, too. And after my first test, I went back three months later for a second test. I thank God that I am HIV-negative.

Strengthened by this experience, I started organizing the community of coaxers with the support of ENDA-GRAF and the other educators ENDA-GRAF had trained. There are over 200 young coaxers in Grand Yoff, all at risk of HIV infection. We hold group discussions and distribute condoms on demand.

We were all fighting to make a living. Competition for passengers was fierce and we were paid in an anarchic system, with everyone trying to make the most at others' expense. So I decided to reorganize the coaxers into eight teams that work in shifts and that also make up our discussion groups. Now all our payments are collected each day and deposited in an account we opened at the Grand Yoff Women's Savings and Credit Union near the station.

We collect about 2,000 dollars each month and each coaxer receives a monthly salary of 150 dollars. Now, instead of competing with each other, we cooperate and together we have improved the image of our station. It's become a friendlier place and the neighbors no longer see us as outlaws. We saved enough money to buy two minibuses that generate income and allow us to pay for driving lessons and to become drivers.

We have also been able to offer loans to the female vendors, increasing their economic power and making them less vulnerable to commercial sex work. Our AIDS discussions began with men only, but the Women's Credit Union offered us a good opportunity to involve women and now we hold discussions together.

On Labor Day we organized a big rally with the Women's Credit Union and we met with the local leaders to tell them our concerns about AIDS. We had a remarkable turnout and they listened to us. The women vendors and coaxers support each other and we feel we are recognized and accepted by the community.

ENDA-GRAF, FHI, and USAID have made me a resolute person committed to combating AIDS. They have allowed me and my fellow outcasts to organize income-generating activities whose success rests largely on our ability to protect ourselves and our families against AIDS.

Senegal

USAID Spreads Hope for the Handicapped in Senegal: Small Loans Enable Landmine Victims to Earn a Living

Life was fine for Elisabeth Nassalan, an industrious wife and mother bringing up six healthy children in Senegal's southern Casamance region. Her gardens, near the village of Djifanghor in the West African country's most fertile area, produced enough tomatoes, peanuts, and okra to sell at local markets, with profits going to feed and clothe her family. But in the early hours of September 5, 2001, she stepped on a landmine while out harvesting mangoes in her uncle's garden. Everything she knew and all her hopes exploded in the blast that claimed both of her legs.

Fighting back tears, she recalls the horror that invaded her life by an anonymous attack, orchestrated by faceless combatants unaware of their victim and the consequences. An armed struggle for independence of Casamance stretches back over two decades, and although peace seems to be on the horizon, thousands of landmines remain under the soil. Over 650 people, like Elisabeth, have stepped into tragedy. And of them, 147 lost their lives, including 23 children below the age of 14.

"It took me a month before I realized I was at the hospital," she said. While she recuperated for 90 days in the hospital in Ziguinchor, thoughtful neighbors cared for her children and tended her gardens.

On returning home, she hit rock bottom: her husband abandoned her in an act seen far too often in rural Casamance. But with the help of USAID and its partner, Handicap International, Elisabeth has hope for a brighter future. With microcredit support, she was able to open up a small shop in her house. Villagers come to buy soap, cooking oil, Maggi cubes, coffee, matches. This modest but regular income makes a world of difference to her and her children, now aged 3 to 24.

USAID, through Handicap International, has assisted about 140 handicapped persons in Casamance since 1999, helping them in particular as they reintegrated into society after spending months in hospital. Specific support includes prosthetics, transport, educational support, vocational training for young landmine victims, and start-up funds for alternative forms of income, such as Elisabeth's home kiosk.

The number of landmine accidents decreased from 48 in 2002 to 19 in 2003. And to prevent future accidents, especially as more people return to their villages, USAID supports an extensive awareness-raising campaign reaching over 400,000 people using the radio, 890 village volunteer agents, and over 1,300 school teachers.

"At the beginning it was terribly difficult, as I had the children and didn't think I could provide them a decent education and success in life," she says. "But now, even though I am alone, I am able to earn money and care for my children. The assistance I have received has helped me greatly in making a fresh start."

And she constantly looks to new ways to improve conditions for her family. Sliding off her wheelchair onto a plastic mat, she sits at a manual sewing machine and shows what she has learned so far. In time, she will sell clothing to boost her income.

Life for Elisabeth could certainly be easier. But judging by the smiles on her children's supportive faces, things could be much worse. With backing from USAID, she's making the best out of it.

Senegal

Rural Senegalese Initiative Brings Health Care Closer to Home: Trained Volunteers Detect and Treat Malaria, Leading to Improved Health

Challenge

The annual rainy season in rural Senegal brings a blessing - and a curse. Every drop is precious to the country's farmers, but rains also form breeding pools for malaria-laden mosquitoes. Tens of thousands of Senegalese fall ill, and thousands die every year from the disease. Young children and pregnant mothers are particularly vulnerable. In the immense, sparsely populated collectivity of Dialocoto in southeastern Senegal, malaria hits hard. Dialocoto has only one professional health worker, a nurse, to serve the health care needs of 14,000 residents spread among 50 villages in a collectivity larger than the state of Delaware.

For many ailing villagers in Dialocoto, a trip to the nurse is an exhausting and expensive ordeal entailing long trips by foot and animal-drawn carts over muddy footpaths and roads. Given such barriers to access, residents needed health care closer to home.

Initiative

In June 2002, Dialocoto's rural council, community organizations, health committees, and nurse approached USAID's decentralization and local governance program for assistance in carrying out a plan to fight the annual wave of malaria cases during the rainy season. They proposed to train community health workers to promote the use of mosquito nets in Dialocoto's villages and to detect and treat minor cases of malaria before residents became seriously ill and had to seek professional care. USAID responded to Dialocoto's demand by hiring a Senegalese doctor, specialized in malaria prevention and care, to work with the leaders to refine their strategy and evaluate training and material needs. Knowing that one key to the success of the initiative would be the transparent management of medical supplies and proceeds generated by the sale of nets and medicine, USAID helped the collectivity define clear management procedures.

Dialocoto's council then submitted a proposal to implement a strategy to fight malaria in half its villages. With USAID funds, the community paid for technical and management training activities, educational brochures on malaria, mosquito nets, disinfectants, and medicines. Given the positive results of the first two campaigns, USAID granted Dialocoto more funding in 2004 to extend activities to its remaining 25 villages.

Results

By identifying and treating minor cases of malaria, trained village health workers helped reduce the number of patients who needed to be seen by the nurse from 2,082 in 2001 to 1,234 in 2002. According to Dialocoto's nurse, Ibrahima Seck, the number of serious cases of malaria also dropped sharply.

In 2000, Awa Mané, a housewife from the village of Taboto, 50 miles from Dialocoto, had lost a baby and nearly died herself from childbirth complications after being evacuated from her village to the regional capital of Tambacounda. When she became pregnant again in 2002, she visited the new village health worker who counseled her to sleep under an insecticide-treated mosquito net and to have periodic prenatal checkups

with the nurse. This time she gave birth to a healthy boy in her own village. "In each family compound, we have nets to protect us from mosquitoes," said Mrs. Mané.

The prevention and early detection and treatment of malaria had important economic benefits as well, saving villagers time and money previously spent on transportation and treatment, and allowing them to tend to the fields from which they derive a livelihood. Between 2003 and 2004, Dialocoto's success in combating malaria inspired 13 other collectivities supported by USAID's governance program in other regions of Senegal to develop and implement similar initiatives.

Senegal

Enhanced Community Action Bolsters Senegalese Rural Community; Improved Revenue Collection Brings Progress to Diass

Challenge

In most of Senegal's 12,355 villages, people still fetch water for drinking, bathing, and washing clothes the old-fashioned way - from hand-dug wells. The difficult and time-consuming chore of drawing and transporting it falls mainly to women and girls, many of whom walk long distances with buckets of up to 25 liters balanced on their heads. Getting water is often deemed a higher priority than school, homework, other chores, and play.

Just 30 miles from Senegal's bustling capital of Dakar lies Diass, one of the West African country's 320 rural collectivities. Here, improving access to water is a concern shared by citizens and local government leaders. Though strategically located along a busy highway in a coastal zone that enjoys a burgeoning tourist industry, until recently Diass struggled to raise enough revenue to meet basic needs and seize economic development opportunities.

Initiative

With technical support from USAID's decentralization and local governance program, Diass' rural council and citizen's groups came together in 2001 to set community priorities. At the request of community leaders, USAID carried out a series of training and information activities over the next two years that strengthened the council's ability to prepare realistic budgets with strong citizen input, identify and analyze revenue sources, and develop strategies to improve tax recovery.

A key to improving revenue collection in Diass was clarifying roles and building cooperation between the rural council that approves and executes the collectivity's annual budget, and state financial service agents who alone are empowered to actually collect revenue.

Consultations between the two parties organized by USAID in 2002 revealed promising new ways to work together. While state treasury and tax services in Diass were responsible for collecting various taxes from citizens and businesses, their limited manpower and funding had often prevented them from conducting censuses of taxable businesses and buildings. As a result, local revenues went uncollected. The rural council had enough people to conduct censuses, but it had been unaware of how it could help the state.

Beginning in 2002 the council gathered data that allowed the treasury service to update its tax rolls. This new collaboration, along with a public outreach campaign to inform entrepreneurs and citizens about how local taxes are collected and spent, has paid off in Diass.

Results

In 2001, prior to USAID's technical assistance, Diass's rural council approved an annual budget of $69,000 but brought in only $39,000. Two years later, however, Diass nearly tripled its revenue, collecting $104,400 in 2003. Beginning in 2002 the council gathered data that allowed the treasury service to update its tax rolls. This new collaboration, along with a public outreach campaign to inform entrepreneurs and citizens about how local taxes are collected and spent, has paid off in Diass.

Attitudes have also changed. Residents and business owners understand that their taxes are being used to fund projects such as well construction and repair, or school and sport supplies for youth, and therefore they are much more willing to pay. This could be the first of many positive changes in Diass.

Senegal

Saving Newborns in Senegal: Reducing Child Mortality in the First Few Days of Life

As the midwife places a newborn on its mother's stomach, she notices the baby is not breathing. She quickly cuts the umbilical cord and carries the baby to a warming table. She places the resuscitator on its mouth and presses the foot pump. In seconds, the baby comes back to life.

"We used to try to resuscitate newborns with our mouths," explains Rokhaya Ngom, the head midwife at the Kebemer District Health Center in central Senegal. "We'd get blood in our mouths and we'd almost always lose the babies. But since we've had the resuscitation equipment, we haven't lost any babies born asphyxiated."

More than one-fourth of all child deaths in Senegal occur during the first month of life. So the U.S. Agency for International Development (USAID), through its Basic Support for Institutionalizing Child Survival (BASICS) proj-

ect, helped the Senegalese Ministry of Health develop and test an intervention to improve newborn care in the rural District of Kebemer. The project provided equipment for newborn care to six rural health facilities and trained 329 community health care workers to provide essential care during the first few moments of life.

"Before the project, we would evacuate low-birthweight babies to the regional or national hospital, leaving them in God's hands," says Magatte Cisse Ndiaye, a nurse in Kebemer. "Today, we have a newborn corner in our clinic where we can care for them. I have been trained to do this, thanks to the project."

Since nearly half of babies in Kebemer are born at home, the community health care providers were also trained to promote better care for newborns at the village level through mass media and mobilization of community groups, including husbands, mother-in-laws, and religious leaders. Local radio stations advised women to deliver at a health facility and broadcast key survival messages about the need to keep the baby warm, delay the first bath, breastfeed within an hour of birth, and visit the health facility immediately when they notice danger signs.

The number of women who gave birth in a health facility rose from 53% before the intervention to 74% after the intervention. Based on the success of the program, the Government of Senegal is expected to implement a new essential newborn care policy and to extend the USAID-supported pilot initiative nationwide.

Tanzania

Services for Persons Living with AIDS: Thanks to PEPFAR, PASADA's Services Continue

Since its founding in 1992, when a small group of people with HIV gathered together to seek mutual aid and support, Pastoral Activities and Services for People with AIDS in Dar es Salaam Archdiocese (PASADA) is providing life saving services. Its client base has expanded tremendously; today, it serves more than 800,000 people every year through its Upendano Clinic and 15 diocesan health facilities in the capital. Operating under the Roman Catholic Archdiocese of Dar es Salaam, PASADA targets the poorest of the poor, offering comprehensive care and support to all people living with AIDS, regardless of religious affiliation. These services include voluntary counseling and testing; home-based care; educational psychological, social, and economic support to orphans and vulnerable children; diagnosis and treatment of opportunistic infections; and prevention of mother to child transmission (PMTCT) in eight of its 15 sites. With such great need, it was especially distressing in mid-2003 when the new Executive Director, Mary Ash, learned of budget cuts from PASADA's donors. With no time for fundraising and proposal writing, PASADA was on the verge closing.

At this time, a partnership of eight international donors (including USAID) and the Tanzanian Commission for AIDS (TACAIDS) had realized the growing gap between many HIV/AIDS programs' needs and rapidly available, relatively small-scale and one-time funding. The Rapid Funding Envelope for HIV/AIDS (RFE) was established to address just the type of situation in which PASADA found itself. Available to Tanzanian civil society and academic institutions, the RFE provides grants ranging from $50,000 to $200,000 for innovative, urgent, and essential 6-12 month HIV/AIDS projects. The time from proposal submission to funding decisions takes no more than one month.

PASADA received a one-year RFE grant which enabled it to keep its doors open in the short term and gave Mary Ash the necessary time to identify longer term funding options to assure continued services. Now a PEPFAR sub-grantee through Catholic Relief Services, PASADA has linked with additional support programs, such as the World Food Program, to provide a comprehensive package to patients. PASADA has also recently been selected as one of the ART sites in the QuickStart component of the National Care and Treatment Plan, and received funding for this activity through another PEPFAR agreement.

The growing variety of HIV/AIDS funding mechanisms made available through USAID initiatives and more recently PEPFAR is increasingly assuring that HIV/AIDS patients in Tanzania receive comprehensive care, demonstrated to be essential in a context of poverty.

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Vitamin A in Tanzania: Vitamin A Supplementation Is Reaching Over 80% of the Under-5-Year-Olds

In sub-Saharan Africa an estimated 42% of children under five are vitamin A deficient. This is a major contributor to under-five mortality and providing adequate Vitamin supplementation could avert many deaths. Vitamin A supplementation has been shown to reduce infant and child mortality in a host of countries in the developing world. In 1997, Tanzania integrated Vitamin A supplementation into routine Expanded Program on Immunization (EPI) activities and reached over half of its under-2-year-olds. Attempts to improve coverage though supplementation during subnational measles national

immunization days (NIDs) in pilot districts in 1999 and 2000 reached larger percentages but national coverage was lacking and the age group covered limited.

A new approach was developed in 2001 - supplementing all children 6-59 months (the under-5's) twice a year during World AIDS Day (December 1) and the Day of the African Child (June 16). There was great enthusiasm for this approach by a broad range of partners involved because: the two commemoration days chosen for distribution are popular, well recognized public days and hence there is a high likelihood that they will continue to be celebrated nationally; the two public days are separated by an interval of about 6 months, which is in compliance with the global recommendation on periodic dosing of young children with Vitamin A; the campaigns are now used to integrate a number of other issues which include child rights, national events, growth monitoring and, deworming.

Results to date, which are currently being verified in two independent surveys supported by USAID, indicate high coverage - over 80% of the target population. This will result in an estimated 15-20% reduction in under 5 mortality and save an estimated 80,000 lives this year.

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Tanzania

Becoming a Woman, Safely

Foibe proudly walks out of a red plastered hut, leading a line of other girls dancing and singing. Outside, they join a group of men, women and children in dance to celebrate their coming out. Adorned in their new black cotton robes, Foibe and her friends elegantly swing their heads and shoulders, looking down and smiling shyly to the crowd. Today, they have all the reasons to smile. The girls have officially entered adulthood-after seven intense days of training by the elders in the community. More important, these girls have been spared the agony and trauma of female genital mutilation (FGM) that typically kicks off the rites of passage for many Gogo girls of Dodoma region in central Tanzania. The parents of these girls decided not to mutilate their daughters, but instead allowed the respected elderly women to teach them all the traditions, practices and responsibilities of a Gogo woman.

"I feel very lucky today," says 14-year- old Foibe. "I have been spared all the pain which other girls have gone through! I have heard the stories associated with cutting. I'm really happy I don't have to go through it." This is due to the efforts of Women Wake Up (WOWAP), an NGO seeking the end of all forms of harmful traditional practices that endanger the lives of women and children. Thanks to the leadership of USAID/Tanzania in building the capacity of civil society to advocate for women and children's rights, WOWAP is able to work with communities to campaign against FGM through songs, dances, video shows, public meetings conducted in schools, and through the radio. FGM is typically unsanitary. Midwives use unclean sharp instruments such as razor blades, scissors, kitchen knives, and pieces of glass to excise the clitoris and other cutting of the labia. These instruments are frequently used on several girls in succession and are rarely cleaned. Infections of the genital and surrounding areas are common, and often result in the transmission of HIV/AIDS. Other health risks include fatalities as a result of shock, hemorrhage or septicemia. After attending a public meeting, an ngariba (a person who performs the circumcisions and does the cutting) decided to try the initiation without cutting. The girls got their seven days of training away from their homes under the tutelage of the elder women. At the end of the seventh day, the community, including village and religious leaders came together to celebrate the successful transformation of their daughters. Mothers joyously played drums for their daughters and led the singing and dancing. The girls got their new robes, slippers, earrings and beads. The community ate and drank through the night-just like any other rites of passage celebration. "I'm happy we decided to include our daughter in the group," says Lucy, a mother of seven year old Neema who also was initiated. "I was slaughtered like a chicken and I didn't want my daughter to go through the same."

It is also important to note that even though FGM is currently illegal in many countries in Africa and the Middle East, this has not reduced the number of the girls that are mutilated every year. The governments of these countries have no way of monitoring the spread and practice of FGM. Trying to fight FGM on legal terms is not enough since those who practice it oftentimes do not report it. FGM is also widely practiced in villages and remote places where the government does not have an easy access. At the moment, initiation without cutting seems to be the best alternative in the campaigns against FGM. WOWAP hopes to use this experience in all the other areas where FGM continue to destroy the lives of hundreds of girls and women.

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Zambia

A Village Response to HIV/AIDS: Community Empowerment Improves Health in Rural Zambia

In Mwenda life is simple, like life in much of Zambia. The people in this rural area live in wood or brick huts with thatched roofs, most are subsistence farmers or fishermen, and all have seen the direct impact of HIV/AIDS on their community. And like many communities in Zambia impacted by HIV/AIDS, Mwenda's residents have a responsibility for orphans and vulnerable children left behind when parents die due to the disease. The neighborhood health committee (NHC) in Mwenda, a group of volunteers that work with the rural clinic to improve both village healthcare and villager's knowledge of health practices, has identified HIV/AIDS as their greatest challenge

The NHC has taken steps to educate themselves, and to care for their vulnerable children. The Zambia Integrated Health Program, or ZIHP, is a joint effort between USAID and the Zambian Central Board of Health to strengthen health care for people in rural and remote areas. ZIHP helps the people of Mwenda by providing information materials, training volunteer educators in the NHC, and monitoring their progress. "In the last two years I have been involved, we have seen an improvement in people responding to HIV/AIDS education, and we have helped many orphans," explained David Numu, chairman of his neighborhood health committee. "Our village farmers donate proceeds from the sale of beans to help the orphans, and we work to find them a home with family or neighbors." The NHC has also started a drama club that travels throughout the village with weekly anti-AIDS performances. With the assistance of village headmen and religious leaders to mobilize the community, the NHCs hold classes on ways to avoid AIDS and the importance of supporting orphaned children. Orphaned children are living proof to the devastation caused by AIDS in Zambia.

David says their efforts are starting to pay off. "We have seen an increase in the numbers of people coming to the clinic asking for condoms and information materials on HIV/AIDS prevention." David hopes to be as successful with their HIV/AIDS education as they were with malaria outreach. "We held classes on how to clear away high grass and stagnant pools, and so many people are buying mosquito nets there is still a shortage. Changing someone's behavior takes time. But we know we can do it."

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Zambia

Zambians Empowered to Learn about Health: Education Improves Health at Mubende Neighborhood Health Committee

Under the shade of a tin roof, the small concrete room of the rural health center is cool against the mid-morning heat in Mubende, a village in northern Zambia's Mwense District. Mwenya Mulela is the facilitator for his Neighborhood Health Committee, and is at the center this morning collecting stationery and pencils for the volunteer health workers in his village. These materials are part of the health center's commitment to give back 10% of their treatment fees directly to the villagers they serve, and these materials help the volunteers develop neighborhood health action plans and educate their neighbors.

Because of the training he has received from ZIHP, the Zambia Integrated Health Program (ZIHP), a joint effort between USAID and the Zambian Central Board of Health to strengthen health care for people in rural and remote areas, Mwenya is now a popular community leader. Utilizing village headmen and religious leaders to mobilize village residents, Mwenya and his fellow volunteers from the Kasengu Zone NHC educate family, friends and neighbors on what they have learned. "With better education and this training program, we have seen a reduction in the number of diseases in our community, such as malaria and tuberculosis. More women are aware of the complications with pregnancy and seek out help at the clinic or from a traditional birth attendant," Mwenya explains. "More parents are taking their children into the clinics for growth monitoring. We see education working."

As a result of seeing health volunteers in action, more community members are volunteering their time and resources. They can see their neighborhood benefit and are taking ownership in their well-being and contributing what they can, such as making bricks for new health posts in the community. But there is still work to do, Mwenya explains, "We'd like to reach everyone here. Only by acquiring knowledge will we prevent the spread of HIV/AIDS and protect ourselves." Mwenya and his fellow volunteers serve more than 500 neighbors in Mubende, educating them in better health practices and empowering them with knowledge for better health care. He is happy to see his neighbors teaching their children and grandchildren, ensuring better health for Mubende's next generation of volunteers.

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Zambia

Knowledge Is Power: Community Empowerment Leads to Improved Health in Zambia

Frederick Chisha enjoys teaching others how to live healthier lives. He's a volunteer and the group secretary for his Neighborhood Health Committee in Lubunda, a rural village in northern Zambia's Mwense district. Frederick and his fellow volunteers are part of the Zambia Integrated Health Program (ZIHP), a joint effort between USAID and the Zambian Central Board of Health to strengthen health care for people in rural and remote areas. "I like teaching people, and seeing my work have a positive result on someone's life."

The community empowerment program has been a success for Frederick and his neighbors. They receive materials and training from ZIHP, and then teach other small groups of volunteers. They take their information to the surrounding neighborhoods and teach how to keep drinking water sources clean to reduce diarrhea cases, and about the need to clear high grass and fill or drain stagnant pools of water to reduce malaria, among other things. They also encourage community members to listen to the, "Our Neighborhood" radio program to learn more about better health practices. Frederick is happy about their achievements so far. "One of our biggest successes has been to identify our area's most serious problems, and determine the action we need to take to solve these problems. Finding the problem is the first step in solving it. As we see the benefits, we all want to do more. Our neighbors got together and made bricks for area health posts after we identified a need for these posts, and we've already started building them."

The number of neighbors Frederick and his fellow volunteers see daily has dropped since he started with his NCH. "So many of our friends and family can now treat themselves for simple problems like diarrhea, or they know to go directly to the clinic for serious problems. I am seeing fewer and fewer people, and that means our efforts are working." They have instructed neighbors in how to recognize symptoms of a variety of health problems and diseases, when and how to treat them, and how to take preventive measures such as purifying water, using dish drying racks, and proper construction and placement of pit latrines and rubbish pits. For Frederick, the greatest benefit he has seen is in the health of his own family. "Now I know many ways to improve my family's health, and keep them healthy. I have greater control over my family's well-being. Knowledge is power."

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Zambia

Helping Others Help Themselves: Community Empowerment Improves Health in Zambia

The village of Mupeta is like many in northern Zambia - it is poor. Poverty prevents people from doing many things, including obtaining proper health care. It is hard to stay healthy when you are malnourished, and it is hard to buy medicines when you have no money. It's impossible to see a doctor when you can't pay the clinic fees.

But the people of Mupeta aren't letting poverty stand in their way. They are taking action, and learning how to help each other. The Zambia Integrated Health Program, or ZIHP, is a joint effort between USAID and the Zambian Central Board of Health to strengthen health care for people in rural and remote areas. ZIHP's support takes several forms, from providing technical training to supplying information materials and medical supplies. But the greatest benefit ZIHP provides the people of Mupeta is a sense of individual empowerment and collective responsibility. The villagers have done more than form Neighborhood Health Committees and provide training and information about better health practices in Mupeta. They have identified their greatest challenge, and created ways to overcome it. "Poverty hurts," explains Peter Kaoma, the chairman of his NHC. "Some people can't afford to buy soap. Even if they know they need to wash their hands before cooking, they can't afford to."

The neighbors of Mupeta help each other. When someone needs to visit the clinic but can't afford the fee, neighbors collect the money and pay the fee. Instead of paying back the borrowed fee in cash, the beneficiary will pay by providing manual labor, supplying food, or other appropriate ways. To help people escape the poverty cycle, Mupeta's NHC volunteers have established income generating associations and conduct training sessions in fish farming, beekeeping, knitting, sewing and farming methods. With these skills, people can earn enough money to better provide for healthcare and other needs. Peter also wants his neighbors to learn about the joy of volunteering. "When we help someone at their home we ask them to help others. We teach someone how to build a proper pit latrine, and for 'payment' we ask that they teach their neighbor. And for their payment, their neighbor teaches someone else. That way the knowledge keeps going." Peter's neighbors, empowered to help themselves, learn better health practices, income earning skills, and how easy it is to help someone else. "I've been involved for two years, and I've seen a reduction in the spread of diseases like malaria. Great things are happening in Mupeta."

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Zambia

Health Care Strengthened in Rural Zambia: Zambians Empowered to Educate Themselves About Healthier Living

It's mid-morning in Kawama, a village in northern Zambia very close to their border with the Democratic Republic of Congo. Barefooted children are playing around huts and small brick homes with thatched roofs, chickens are running about, a basket of fresh fish wriggles nearby, waiting for a vehicle to take them to a larger town for sale - this is the neighborhood. For people in Kawama, farming and fishing is the way of life and the average household earns about $20 a month. Rodina Kasalue, a Zambian woman in her 50s, has just returned from harvesting groundnuts in her field. She is the secretary of her local Neighborhood Health Committee - Zone Three. She wasn't expecting visitors and disappears into her brick home, reappearing a moment later wearing her best outfit. Visible just above her shirt collar are scars left by a traditional treatment of an illness in her past. Rodina is a volunteer - part of an effort to empower people to educate themselves about healthier living, improving their living conditions and maximizing their available resources.

The goal of the Zambia Integrated Health Program (ZIHP), a joint effort between USAID and the Zambian Central Board of Health, is to strengthen health care for people in rural areas. Rodina has benefited from participating in her NHC and shares her knowledge with the community "I can now tell if diarrhea is dysentery or cholera, and can teach someone how to treat it. With the training and materials [provided by USAID] I've been able to share this knowledge with my neighbors, and I have kept my family healthier." Her standing in her community has risen because of her knowledge and her neighbors seek Rodina out with health questions before going to the clinic. "I used to help three people a day. We have been able to educate most of our neighbors and now I only see a few people a week." Often, the solutions are simple for things such as treating diarrhea, and can be handled from home, lessening the burden on the rural health center. She explains how malaria and cholera used to be endemic in the area, but with knowledge gained from educational materials and training provided by ZIHP, they have been able to control it.

She explains how malaria and cholera used to be endemic in the area and many people died, but with knowledge gained from educational materials and training provided by ZIHP, they have been able to control it. "We have a great relationship with the clinic staff now. People were afraid of going because they thought they might get someone else's sickness, or they might not come home. The neighbors are now willing to seek out treatment there." In contrast with the scars she bears, Rodina now has the knowledge to treat herself and her family with proven medical practices, and to stay healthy by changing behavior. Like Rodina, participation and a desire to learn and change practices is helping the people of Kawama village stay healthy, and they are proud to be taking care of themselves.

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Zimbabwe

Station Days: Data Collection with Children Made Fun

Data collection from children is usually a one-way street: we take information from them, but they haven't gained anything in return. Tsungirirai, a USAID-supported community-based organization serving children in Norton, Zimbabwe, has developed a wonderful way to collect accurate data on children's health and psychosocial status, while educating the children and their communities in an enjoyable way.

A station day is a regular monitoring and evaluation activity for children participating in Tsungirirai's interventions. At the entrance to the event, each child receives a ticket that is used to verify the child's attendance and participation. Children then pass through various "stations" that vary with the type of information to be collected or given. Examples include height and weight measures; the clinic where a medical check-up is performed; the counseling room where the child can discuss questions about his or her home life; and an informational station where they discuss topics ranging from personal hygiene to HIV and AIDS. Once the children have gone around to all the stations and their tickets stamped, they can move to the final station, where they play a game or receive small items such as school supplies.

Station days have proven to be an extremely promising means of acquiring data through active community engagement. The children's response has been overwhelmingly positive. Encouraging community members to assist with the activities is an important part of Tsungirirai's initiative to sensitize communities on the importance of listening to children. The evaluation exercise also helps identify special cases and trends among the children. Interactions between staff, community members and children highlight concerns and problems so that follow-ups, referrals, and changes to programming can be made. The data compiled has been consistent, reliable, comparable, and much simpler to collect than through other methods. It proves that conventional research methods and tools can be adapted to the specific ages, interests and situations of the children they study. As a partner in the USAID-supported STRIVE Program, Tsungirirai can inform other organizations on more participatory means of data collection. And most importantly, station days are fun, exciting, and the children are learning important facts about themselves. At a meeting Tsungirirai held with children recently, they were asked to describe what a station day is. Their response? "It is a day when Tsungirirai makes sure we are healthy and happy!"

Zimbabwe
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Selected Performance Measures for Global Health Objectives (as submitted in ARs 2005)

Reducing the number of unintended pregnancies

Mission/ Regional Program	Total number of Couple Years of Protection (CYP)	
	FY 2004 AR	FY 2005 AR
Angola		
Benin	$11,204	$7,122
Burundi		
DR Congo		224,396
Djibouti		7,760
Eritrea	6,131	7,760
Ethiopia		589,283
Ghana	1,063,000	1,070,000
Guinea	117,319	138,205
Kenya		2,700,000
Liberia		88,832
Madagascar		
Malawi	620,000	698,627
Mali	193,012	181,591
Mozambique		
Namibia		
Nigeria	1,446,279	1,871,076
RHAP		
Rwanda		60,495
Senegal	245,204	225,524
South Africa		
Sudan		
Tanzania	1,500,000	700,000
Uganda	261,870	514,699
WARP	130,000	
Zambia		
Zimbabwe	126,550	133,680

Reducing infant and child mortality

Mission/ Regional Program	Percentage of children age 12 months or less who have received their third dose of DPT (age at survey 12-23 mos.) (DHS/RHS)*											
	FY 2003 AR				FY 2004 AR				FY 2005 AR			
	DHS Year	% Male	% Female	% Total	DHS Year	% Male	% Female	% Total	DHS Year	% Male	% Female	% Total
Angola	MICS 2001			27.6								
Benin	2001			68.5								
Burundi									UNICEF			94.0
DR Congo	MOH			36.7	MICS2			27.6				70.0
Djibouti												
Eritrea	2002	81.6	84.2	82.8					Eritrean NHMIS			82.0
Ethiopia	MOH			37.5	MOH			54	Service Statistics for SNNP Region			74.0
Ghana	MOH			75								80.0
Guinea					MOH			64.9				
Kenya					MOH			48				
Liberia												28.0
Madagascar	MICS 2000			36.6								
Malawi												
Mali									2004 bilateral CA baseline data			33.1
Mozambique					2003	60.5	62.6	61.5	KPC target provinces survey 2004			56.5
Namibia												
Nigeria				Prelim DHS, 2003		18.3	23	20.6	2003			30.0
RHAP												
Rwanda									MOH			85.0
Senegal					MOH, 2003			73.7				
South Africa												
Sudan												
Tanzania												
Uganda					2000/01	52.5	55.8	54.1	MOH, 2004			83.0
Zambia					2001/2	78.4	81.6	80				
Zimbabwe												

*Target Regions

Reducing infant and child mortality (cont.)

Mission/ Regional Program	Percentage of children age 6-59 months receiving a vitamin A supplement during the last six months*											
	FY 2003 AR				FY 2004 AR				FY 2005 AR			
	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total	DHS Year	Male	Female	Total
Angola	MICS 2001	30.7	30.9	31.0								
Benin	2001	18.3	18.4	18.3								
Burundi									UNICEF Report			95
DR Congo	Nat'l Imm. Days Report			94.8								77.6
Djibouti												
Eritrea	2002	38.1	37.9	38								
Ethiopia	MOH in 5 of 9 regions			26	MOH			95				
Ghana												
Guinea					MOH, 2003			69				99
Kenya												
Liberia												
Madagascar	Rapid Assessment in 2 provinces			54 (12-23 mos.)	MOH 2003			83				88
Malawi												82
Mali									National vitamin A campaign data			95.9
Mozambique					2003	45.6	45.4	45.5	KPC target provinces survey 2004			50.2
Namibia												
Nigeria												
RHAP												
Rwanda									UNICEF/MOH 2004			97
Senegal					USAID/Senegal, 2003			83.9				
South Africa												
Sudan												
Tanzania					MOH			80	MOH			80
Uganda									MOH			76
Zambia	DHS 2001/2	66.7	68.1	67.4	CBOH/MOH 2003	100	100	100				
Zimbabwe												

*National Surveys (DHS/RHS) or Surveys in Target Regions

Reducing death and adverse health outcomes to women as a result of pregnancy and childbirth

Mission/ Regional Program	Percentage of births attended by medically trained personnel (DHS/RHS)*					
	FY 2003 AR		FY 2004 AR		FY 2005 AR	
	DHS Year	%	DHS Year	%	DHS Year	%
Angola	MICS 2001	44.7				
Benin	2001	73				
Burundi						
DR Congo			MICS2, 2001	60.7		65.7
Djibouti						
Eritrea	2002	28.3			Eritrean NHMIS	28
Ethiopia						
Ghana						47
Guinea						
Kenya						
Liberia			MOH	22		
Madagascar						
Malawi			MOH	55		
Mali						
Mozambique			2003	39.8	KPC target provinces survey 2004	54.4
Namibia						
Nigeria						
RHAP						
Rwanda					IRC DQA 2003	35
Senegal			USAID/Senegal 2003	91.4		
South Africa						
Sudan						
Tanzania						
Uganda					MOH	24.4
Zambia			2001/2	43.4		
Zimbabwe						

*Target Regions

Reducing the HIV transmission rate and the impact of HIV/AIDS pandemic in developing countries

Mission/ Regional Program	Total condom sales			Total condoms sold (number) through USAID assistance			Total condoms sold to high risk groups (number) through USAID assistance
	2003 target	2003 actual	2004 target	2002 actual	2003 actual	2004 actual	2004 actual
Angola		10,162,800		6,091,800	10,162,800	10,519,000	
Benin	6,600,000	8062720	8820000	8,100,480	8,062,720	10,047,840	
Burundi						1,735,824	
DR Congo	20,020,000	20,773,302		19,175,354	20,773,302	26,927,527	16,156,650
Djibouti							
Eritrea	4,950,000	4,648,368		4,508,027	4,648,368	3,687,000	3,406,017
Ethiopia	70,000,000	54,801,652		63,779,597	54,801,652	35,993,826	
Ghana	26,000,000	25,900,000		24,000,000	25,900,000	25,370,000	272,000
Guinea		7,126,766			7,126,766	7,417,192	
Kenya	19,200,000	19,500,000	21,100,000	17,200,000		26,700,000	
Liberia							
Madagascar	7,000,000	10,699,191		5,790,000	10,699,191	12,319,054	1,500,000
Malawi	6,600,000	8,100,000		7,172,664	8,100,000	8,470,000	
Mali	10,000,000			9,187,373	6,605,949		
Mozambique	12,000,000			14,355,470	15,600,000	16,115,260	
Namibia		111,225			111,225		
Nigeria	152,200,000	132,367,680		126,800,000	132,367,680	146,265,104	
RHAP							
Rwanda	5,840,000			6,072,927			
Senegal	4,250,000	4,191,300		3,874,440	4,191,300	4,354,377	3,219,000
South Africa	360,000,000			358,000,000			6,416,142
Sudan						435,018	
Tanzania	25,500,000	27,500,000		23,000,000	27,500,000	36,368,640	
Uganda	10,800,000			9,146,880	3,614,700	10,000,000	10,000,000
WARP	68,000,000			68,300,000	49,000,000	9,614,863	
Zambia	10,500,000	12,300,000	12,000,000	9,600,000	12,300,000	13,000,000	
Zimbabwe	20,000,000	33,770,000	26,000,000	19,500,000	33,770,000	47,000,000	26,900,000

Mission/ Regional Program	Number of clients provided services STI clinics M/F		Number of STI clinics with USAID assistance		Number of OVCs receiving care/ support services through programs assisted by USAID		Number of OVC programs which receive USAID assistance		Number of USAID supported health facilities offering PMTCT services		Number of women who attended PMTCT sites for a new pregnancy		Number of HIV-infected pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT in USAID assisted sites	
	FY 2004 AR	FY 2005 AR	FY 2004 AR	FY 2005 AR	FY 2004 AR	FY 2005 AR	FY 2004 AR	FY 2005 AR	FY 2004 AR	FY 2005 AR	FY 2004 AR	FY 2005 AR	FY 2004 AR	FY 2005 AR
Angola			5	6				3						
Benin														
Burundi						2,700								
DR Congo		44,150		1,310	2,808	5,508	2	7						
Djibouti														
Eritrea										3		2,080		20
Ethiopia	339	5,022/7,822	16	390	11,506	15,055	23	133		23		4,193		143
Ghana		111		3					2	4	3033	3,926	58	53
Guinea			69											
Kenya														
Liberia														
Madagascar		20833		123										
Malawi	3,003	3,896	6	16	16,070	20,195	5	2		13		1,628		49
Mali				6										
Mozambique	230,001	112,261/ 152,986			930		2				157		853	
Namibia					6,071		8		2		371		9	
Nigeria	15,027		59		3,019		3		4					
RHAP														
Rwanda							4		13		12,586		483	
Senegal			75	75										
South Africa		58,358	147	8	46,863	63,000	46	9	213	3		1,765	6,928	224
Sudan		5,095												
Tanzania					4,509	8,789	2	25		66		20,557		701
Uganda	27,773	125,823	277	323	72,120	122,260	5	9	42	122	36,268	179,652	1,245	5,905
WARP	4,900 males			1	5,000					5				
Zambia	14,080		7		168,781		62		74		16,619		530	
Zimbabwe	3,361	5,821/2,495	7	10	105,239	179,728	16	16		76	45,690	48,873		1,274

Mission/ Regional Program	Number of individuals reached by community and home-based care assisted by USAID		Number of individuals receiving VCT from USAID assisted sites		Number of VCT centers receiving USAID assistance		Number of individuals with advanced HIV-infection receiving ARV from USAID assisted treatment programs		Number of USAID assisted ARV treatment programs in the past 12 months		Total number of people trained through USAID-sponsored health programs in FY04 (annual)		
	FY 2004 AR	FY 2005 AR	FY 2004 AR	FY 2005 AR	FY 2004 AR	FY 2005 AR	FY 2004 AR	FY 2005 AR	FY 2004 AR	FY 2005 AR	FY 2005 AR male	FY 2005 AR female	FY 2005 AR total
Angola			12,111	17,706	5	8							
Benin													
Burundi													
DR Congo	5,117	8,042	9,111	25,763	5	6							2,425
Djibouti													
Eritrea			24,501	32,292	4	41					2,154	2,058	4,212
Ethiopia	29,064	14,465	7,706	44,028	36	132	0		0				
Ghana	2,997		3,774	9,784	5	7	97	1,574	3	4			
Guinea					0	4			0				
Kenya			80,000		67								
Liberia													
Madagascar													
Malawi	3,642	683	51,178	54,026	12	31							7,531
Mali			2,902		3								
Mozambique	9,652		26,281		4								29,087
Namibia	2,633		38		1		2		1				
Nigeria	6,220		1,549		2		0		0				
RHAP													
Rwanda	1,000		85,000		18		99		2		150	200	350
Senegal	3,060	1,780	4,029	6,910	5	9	372	2,700	1	5	8,234	7,327	15,561
South Africa		1,524	44,469	1,165	214	6	930		11				2,633
Sudan				1,660		6							
Tanzania		4,215	49,899	162,291	14	50		40		1			4,573
Uganda	31,336	170,349	111,411	268,607	93	247		22,613		23			24,914
WARP	4,300					9							677
Zambia			97,783		108								
Zimbabwe			94,638	154,826	15	20				5			4,844

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